

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.

30-039-24610

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

E-289-45

SUNDRY NOTICES AND REPORTS ON WELLS  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A  
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:

OIL  
WELL ☐

GAS  
WELL ☒

OTHER

2. Name of Operator

Phillips Petroleum Co.

3. Address of Operator

300 W. Arrington, Suite 200, Farmington, N.M. 87401

7. Lease Name or Unit Agreement Name

San Juan 29-6 Unit

8. Well No.

231

4. Well Location

Unit Letter A : 826 Feet From The North Line and 947 Feet From The East Line

Section 36

Township 29N

Range 6W

NMPM

Rio Arriba

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

6438' (GL Unprepared)

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: Designation of Agent Operator Change ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Phillips Petroleum Company has been designated as agent, by Northwest Pipeline Corporation, with full authority to drill and operate Well No. 231.

RECEIVED  
FEB 15 1990  
OIL CON. DIV.  
DIST. ?

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

L. M. Sanders

TITLE

Supv. Regulatory Affairs

DATE

2-15-90

TYPE OR PRINT NAME

L. M. Sanders

TELEPHONE NO. 599-3431

(This space for State Use)

APPROVED BY

Original Signed by FRANK T. CHAVEZ

TITLE

SUPERVISOR DISTRICT #

DATE

FEB 15 1990

CONDITIONS OF APPROVAL, IF ANY: