CONDITIONS OF AFTROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

P.O. Box 1980, 'lobbs, NM 88240 P.O. Box	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		5. Indicate Type of Lease STATE STATE
		6. State Oil & Gas Lease No. E-347-39
SUNDRY NOTICES AND REPORTS ON (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DE DIFFERENT RESERVOIR. USE "APPLICATION FO (FORM C-101) FOR SUCH PROPOSALS.	EPEN OR PLUG BACK TO A R PERMIT"	7. Lease Name or Unit Agreement Name
1. Type of Well: OH. GAS WELL OTHER X		San Juan 31-6 Unit
2. Name of Operator		8. Well No. 210
Phillips Petroleum Company 1. Address of Operator		9. Pool name or Wildcat
300 W. Arrington, Suite 200, Farmington,	N.M. 87401	Basin Fruitland Coal
4. Well Location Unit Letter B: 938 Feet From The North	Line and 16	05 Feet From The East Line
Section 2 Township	Reace 6W	NMPM Rio Arriba County
10. Elevation (Show w.	rether DF, RKB, RT, GR, etc.)	
6414		Consert on Other Pote
11. Check Appropriate Box to Indic		REPORT OF:
NOTICE OF INTENTION TO:		DSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK	L ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLIN	IG OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	CASING TEST AND C	CEMENT JOB
OTHER:	OTHER: Spud	& Drilling
	eile and aims pertinent dates inci	luding estimated data of starting any proposed
12. Describe Proposed or Completed Operations (Clearly state all pertinent det work) SEE RULE 1103.	aus, and give perionent dails, inc	seeing estimated date by starting any proposed
6-04-90 MIRU Aztec Well Service Rig #289. Spud ST&C Casing Set at 286'. Cement with 250 per sk. Circulated 125 sx cement plug de SI casing. WOC) sx Cl "G" cement own. Bumped plug	with 3% Ca Cl 2 and 1/4# gelflake with 570psi. Did not hold.
	D N	EGEINEE
		JUNI 4 1990
	(DIL CON. " DIST. 6
	dan and balled	
I hereby certify that the information above is true and complete to the best of my knowled	dge and beliefSupv. Regulat	cory Affairs June 11, 1990
TYPEOR PRINT NAME L.M. Sanders		TELEPHONE NO. 505-599-34
(This space for State Use)		
APPROVED BY Original Signed by FRANK T. LHAVEZ	TITLE - SUPERVISOR DE	JUN 1 5 1990