Form C-103 Submit 3 Copies Energy, Minerals and Natural Resources Department to Appropriate District Office Revised 1-1-49 OIL CONSERVATION DIVISION DISTRICT I WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 30-039-24893 Santa Fe, New Mexico 87504-2088 DISTRICT P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease STATE FEE 🔲 DISTRICT III
1000 Rio Brazos Rd., Aziec, NM 87410 6. State Oil & Gas Lease No. E-347-39 SUNDRY NOTICES AND REPORTS ON WELLS ( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: WELL X San Juan 30-5 Unit 2. Name of Operator & Well No. 231 PHILLIPS PETROLEUM COMPANY 9. Pool name or Wildow 3. Address of Operator 5525 HWY 64 NBU 3004, FARMINGTON, NM 87401 BASIN FRUITLAND COAL Well Location 952 879 Feet From The South West Line and Line Unit Letter 32 30N 5W **NMPM** Rio Arriba Township Range Section 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 6721' GL Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PLUG AND ABANDON REMEDIAL WORK **ALTERING CASING** PERFORM REMEDIAL WORK **CHANGE PLANS** COMMENCE DRILLING OPNS. **PLUG AND ABANDONMENT** TEMPORARILY ABANDON CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** Frac OTHER: 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. 12-21-92 MIRU Big A #21. ND WH & NU BOP. Halliburton frac'd from 3434'-3590' w/206,800# 16/30 sand; 33,373 gals 30# gel; 1,529,081 SCF N2; Ave press=2820 psi; Max press=3600 psi; Ave rate=80 BPM from lppg to 7ppg; ISDP=2340 psi. Flowed well back for forced closure. Ran 2-3/8", 4.7# tubing and set @ 3393'. ND BOP & NU WH. RD and released rig @ 1800 hrs on 12-30-92. Flow test 356 MCFPD; 1/2 BWPD; Tbg Pressure 458; Casing Pressure 792 psi.

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

\*\*THE Drilling Supervisor\*\*

\*\*DATE\*\* 1-11-93\*\*

\*\*THE PHONE NO.\*\*

\*\*THE PHON

(This space for State Use)

APPROVED BY

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DATE JAN 28 1943

CONDITIONS OF APPROVAL, IF ARTS