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## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

WELL API NO.

District Office OIL CONSERVATION DIVISION DISTRICT I

P.O. Box 1980, Hobbs NM 88241-1980 2040 Pacheco St. 30-039-24903 Santa Fo. NM 87505 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 FEE STATE X **DISTRICT III** 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 E-347-24 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.) 009258 1. Type of Well: OIL WELL San Juan 30-5 Unit GAS WELL X OTHER 017654 8. Well No. 2. Name of Operator #230 Phillips Petroleum Company 9. Pool name or Wildcat 3. Address of Operator 5525 Highway 64, NBU 3004, Farmington NM 874<u>01</u> Basin Fruitland Coal 71629 4. Well Location 1175 Feet From The \_ North Feet From The Line and Unit Letter \_ 5W Rio Arriba Township Range 10. Elevation (Show whether DF, RKB, RT, GR, etc.) Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. SUBSEQUENT REPORT OF: **NOTICE OF INTENTION TO:** ALTERING CASING PLUG AND ABANDON REMEDIAL WORK PERFORM REMEDIAL WORK PLUG AND ABANDONMENT COMMENCE DRILLING OPNS. **CHANGE PLANS** TEMPORABILY ABANDON CASING TEST AND CEMENT JOB PULL OR ALTER CASING X OTHER: Packer & on/off tool 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. Plans are to try and control where gas and water seperation occurs. This should solve several production problems. Details of the procedure are as follows: 1. Set wireline plugs. 2. ND WH & NU BOPs. POOH w/tubing. 4. GIH w/tubing, packer and on/off tool. Set EOT @ bottom perf and packer @ TOL. Release from on/off tool. PU 5' and land tubing. 5. ND BOPs & NU WH. 6. Return well to production. A flow back tank will be utlized instead of a pit. I hereby certify that the information above is true and complete to the best of my knowledge and belief. Regulatory Assistant SIGNATURE. TELEPHONE NO. 505-599-3454 TYPE OR PRINT NAME (This space for State Use)