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OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State [X] Fee [ ]

5. State Oil & Gas Lease No.
B-3657

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. OIL WELL [X] GAS WELL [ ] OTHER-

7. Unit Agreement Name
--

2. Name of Operator
Phillips Petroleum Company

8. Farm or Lease Name
Land Office

3. Address of Operator
Room 711, Phillips Bldg., Odessa, Texas 79761

9. Well No.
1

4. Location of Well
UNIT LETTER K, 1980 FEET FROM THE south LINE AND 1980 FEET FROM THE west LINE, SECTION 19 TOWNSHIP 19-S RANGE 37-E NMPM.

10. Field and Pool, or Wildcat
Eumont Queen

15. Elevation *(Show whether DF, RT, GR, etc.)*
3700. 2' Gr.

12. County
Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [X]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
OTHER [ ]		OTHER [ ]	

17. 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.

7-25-72: MI Johnson WS unit, tested tbg. 7-26: Set 2 1/16" tbg at 3690' OE for Queen zone. 7-27: Tested Eumont Queen zone. 7-28/30: Cardinal treated Queen down tbg w/1500 gals 15% acid. Max press 1000#, min 600# ISDP 800#, 5 min SIP 100#, Swabbed and tested Queen Zone.

7-31: Swabbed Queen, restored to production.

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

SIGNED W. J. Mueller TITLE Senior Reservoir Engineer DATE August 21, 1972

APPROVED BY Orig. Signed by Joe D. Ramey Dist. I, Supv. TITLE _____ DATE AUG 28 1972

CONDITIONS OF APPROVAL, IF ANY: