

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.
30-025-24989

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B-2229

7. Lease Name or Unit Agreement Name

Phillips E State

8. Well No.
21

9. Pool name or Wildcat
Maljamar Gb/SA

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 Company

3. Address of Operator

4001 Penbrook Street, Odessa, Texas 79762

4. Well Location

Unit Letter D : 360 Feet From The North Line and 360 Feet From The West Line

Section 14

Township 17-S

Range 33-E

NMPM Lea

County

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

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: ☐

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.

6-15 thru

6-28-89: 4528' PTD. Cleaned out sand and iron sulfide to 4528'. Acidized perfs 4387'-4485' w/2000 gals 15% NEFe HCl mixed w/clay stabilizer and Techni-clean 425. Swbd perfs to clean up. WIH w/2-3/8" tbq to 4483', set pump and rods. Pmpd 24 hrs, 26 BO, 1 BW from csg perfs 4387'-4485' w/ 2" X 1-1/4" X 18' 3 tube sand pump, oil gravity @ 36.8°, GOR 1046. Test before workover - pumped 8 BOPD, 0 MCF, 0 BWPD.

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

SIGNATURE

J. L. Maples

TITLE Assist., Reg. & Pro.

DATE 11/13/89

TYPE OR PRINT NAME

J. L. Maples

TELEPHONE NO. 367-1411

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

NOV 20 1989

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

NOV 17 1989

RECEIVED

NOV 17 1989

OCD
HOBBS OFFICE