

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.	30-025-30665
5. Indicate Type of Lease	STATE ☒ FEE ☐
6. State Oil & Gas Lease No.	B-2229
7. Lease Name or Unit Agreement Name	PHILMEX
8. Well No.	38
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 ☒ CO2 INJECTION	
2. Name of Operator Phillips Petroleum Company	
3. Address of Operator 4001 Penbrook Street, Odessa, TX 79762	
4. Well Location Unit Letter <u>M</u> : <u>1307</u> Feet From The <u>SOUTH</u> Line and <u>1245</u> Feet From The <u>WEST</u> Line Section <u>26</u> Township <u>17S</u> Range <u>33E</u> NMPM <u>LEA</u> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4132' GR	

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: TEMPORARILY ABANDON WELLBORE ☐

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.

10/19/94 MIRU NU BOP, PU ON TBG. RELEASE PKR. GIH W/TBG & 5-1/2" CIBP ON 2-3/8" TBG. SET CIBP AT 4100'. CIRC FLUID, AND TEST CASING TO 500 PSI, OK.
10/20/94 PRESS UP TO 500 SPI HELD PRESS FOR 30 MIN, RAN PRESS CHART FOR NMCD, BLED OFF PRESSURE. COOH W/TBG. ND BOP. TA'D WELL.

This Approval of Temporary
Abandonment Expires 11/1/99

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

SIGNATURE [Signature] TITLE SUPERVISOR, REG. AFFAIRS DATE 11/02/94
TYPE OR PRINT NAME L. M. SANDERS TELEPHONE NO. 915/368-1488

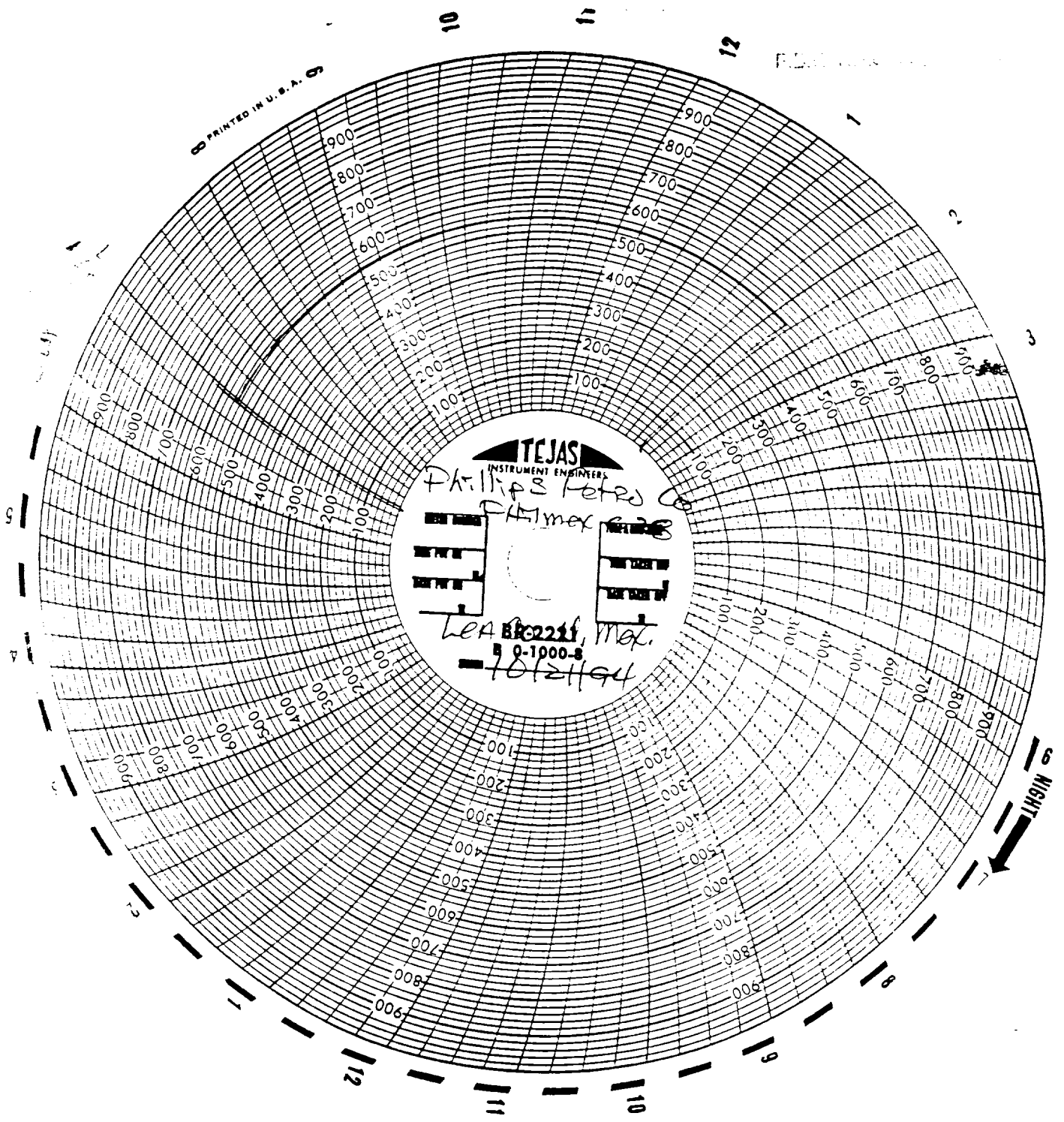
(This space for State Use)

ORIGINAL SIGNED BY DAVID SEXTON
DISTRICT SUPERVISOR

APPROVED BY _____ TITLE _____ DATE NOV 17 1994
CONDITIONS OF APPROVAL, IF ANY: _____

NOV 14 1994

PRINTED IN U.S.A. 9



PHILMEX C-38
LEA COUNTY, NEW MEXICO
10-21-94