

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. 30-015-21007
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.

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 St., Odessa, Texas 79762

4. Well Location

Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West Line

Section 5 Township 23-S Range 27-E NMPM Eddy County

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

3170.07' GR 3188' DF

7. Lease Name or Unit Agreement

Westfall A "Com"

8. Well No.

1

9. Pool name or Wildcat
Morrow

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: TA Under Evaluation ☒

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.

06-26-90: Temporarily abandoned pending evaluation of possible sale.

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

SIGNATURE J. L. Maples TITLE Asst., Reg. & Proration DATE 06-26-90

TYPE OR PRINT NAME J. L. Maples

TELEPHONE NO.

(This space for State Use)

APPROVED BY For Record Only

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: