

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

MAR 29 1991

O. C. D.

WELL API NO.
30-015-24454

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Drag C

8. Well No.
2

9. Pool name or Wildcat

South Carlsbad Bone Spring

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 O : 990 Feet From The South Line and 1980 Feet From The East Line

Section 19

Township 23-S

Range 27-E

NMPM

Eddy

County

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

3210' DR; 3198' GL

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: Flaring Exception

☒

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.

In order to run 4-point test and 72-hr. production test to determine production capabilities to run economics for installation of gas sweetening equipment, we request exception to flare approximately 350-450 mcf/d for three (3) days.

Note: Gas flare will be maintained during 72-hr. test.

(See attached detailed procedure.)

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

SIGNATURE

L. M. Sanders

TITLE

Reg. & Proration Supv.

DATE

03-26-91

TYPE OR PRINT NAME

L. M. Sanders

TELEPHONE NO. 368-1488

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

APPROVED BY

SUPERVISOR, DISTRICT II

TITLE

DATE

MAR 29 1991

CONDITIONS OF APPROVAL, IF ANY