## State of New Mexico

Submit 3 Copies Form C-103 Energy, Minerals and Natural Resources Department to Appropriate Revised 1-1-89 District Office DISTRICT I OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs NM 88240 WELL API NO. P.O. Box 2088 30-039-21092 DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease STATE X FEE \_\_\_ DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. E-289-36 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: San Juan 29-6 Unit 009257 OIL WELL GAS WELL X OTHER 017654 2. Name of Operator 8. Well No. Phillips Petroleum Company SJ 29-6 Unit #25A 3. Address of Operator 9. Pool name or Wildcat 5525 Highway 64, NBU 3004, Farmington, NM Blanco Mesaverde 72319 4. Well Location 1150 Unit Letter South 1460 Feet From The Line and East Feet From The Line Section Township Range Rio Arriba County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. **NOTICE OF INTENTION TO:** SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT PULL OR ALTER CASING CASING TEST AND CEMENT JOB OTHER: Add Pay & Stimulate X OTHER: 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and gentimated date of starting any proposed work) SEE RULE 1103. - 2 1997 NU BOP. OIL COM. DIV POOH w/production tubing. Isolate existing Mesaverde perfs with retrievable bridge plug. Pressure test casing. Perforate and stimulate the Lewis Shale (perfs to be determined after well logged). Retrieve RBP and run production tubing. Flow test the Lewis Shale. A workover pit may be required. I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE Regulatory Assistant DATE TITLE TYPE OR PRINT NAME Patsy Clugston TELEPHONE NO.505 - 599 - 3454

(This space for State Use)

SUPERVISOR DISTRICT # 3

Original Signed by FRANK T. CHAVEZ APPROVED BY