Submit 3 Copies to Appropriate Diggies Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office								
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIV					WELL AT INC			
DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210					30-045-28658 5. Indicate Type of Lease			
DISTRICT III 1000 Rio Brazos Rd., Azioc, NM 87410					6. State Oil & Gas Leaso No.			
					mmmm	THUMAN THE	ממונוניו	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)					7. Leaso Name o	or Unit Agreement Name		
1. Type of Well:	MET X	OTHER			San Juan	32-7 Unit		
2. Name of Operator					& Well Na			
PHILLIPS PETROI	LEUM COMP	ANY			9 Pool name or			
3. Address of Operator 5525 HWY 64 NBI		9. Pool name or Wildcat BASIN FRUITLAND COAL						
4. Well Location		-						
Unit Letter N	1294	Feet From The	South	Line and1	407 Feet Fro	m The West	Line	
2.1		2.01	N.T.			San Juan		
Section 21		Township 321 10. Elevation (S.	how whether	inge /W DF, RKB, RT, GR, etc.)	NMPM	W/////////////////////////////////////	County	
		6340		GL		<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>		
11.	Check Ar	propriate Box to	Indicate 1	Nature of Notice, Re	eport, or Othe	r Data		
NOTICE	SUB	SUBSEQUENT REPORT OF:						
				REMEDIAL WORK		ALTERING CASING		
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DR					OPNS.	PLUG AND ABAND	П тизмис	
				CASING TEST AND CE	NG TEST AND CEMENT JOB			
OTHER:			🗆	OTHER: 7"	Csg	•	XX	
12. Describe Proposed or Com	pleted Operation	us (Clearly state all persine	ni delails, an	l d give pertinent dates, includ	ling estimated date of	of starting any proposed		
work) SEE RULE 1103.				• 4			_	
Poz w/12% gel a	nd 1/4#/ 500 psi.	sk Flocele fol (Circ 119 þbl	lowed t s≶Xmor	l set @ 2938' Coy 150 Sx Class (at) WOC 4 hrs. N	B with 25#	/sk Flocele.	-	
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		_	150		U	07 00 1992		
			56		Oil	CON. DIV		
						DIST. 3	•	
			nombalas or at	hait.				
I heroby certify that the information	a above is true an	complete to the book of my k			rud car	0.0	29-92	
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TYPE OR PRINT NAME R.	A. Allr	ed				TELEPHONE NO.		
(This space for State Use)						OOT :	ი ე ჟე იი	
Original Sa	and by FRAN	K.T. CHAVEZ	1TN	SUPERVISOR DIS	TRICT # 3	DATE UUI	<u>0 2 199</u> 2	
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