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LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
B-1502

7. Unit Agreement Name

8. Farm or Lease Name
Santa Fe, Btry. 2

9. Well No.
36

10. Field and Pool, or Wildcat
Vacuum Grayburg-San Andre

12. County
Lea

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. OIL WELL GAS WELL OTHER-

2. Name of Operator
Phillips Petroleum Company

3. Address of Operator
Room B-2, Phillips Bldg., Odessa, Texas 79760

4. Location of Well
UNIT LETTER **C** **660** FEET FROM THE **north** LINE AND **1980** FEET FROM
THE **west** LINE, SECTION **5** TOWNSHIP **185** RANGE **35-E** N.M.P.M.

15. Elevation (Show whether DF, RT, GR, etc.)
3960' GL

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. 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.

11-18-69, MI and RU well units WS rig, fished standing valve. Cardinal treated open hole 4122-4645' w/3000 gals 28% acid, flushed w/50 BO. AIR & BPM. Swabbed and tested well, restored to production.

W. J. Mueller

Associate Reservoir Engr.

11-19-69

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

SIGNED: [Signature] TITLE: _____ DATE: _____

APPROVED BY: [Signature] TITLE: _____ DATE: _____

CONDITIONS OF APPROVAL, IF ANY: