Submit 3 Copies to Appropriate District Office

Type of Well:

WELL

2. Name of Operator

3. Address of Operator

Unit Letter

Section

TEMPORARILY ABANDON

PULL OR ALTER CASING

work) SEE RULE 1103.

7-16-90:

7-17-90:

7-18-90:

23

4. Well Location

11.

OTHER:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

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

Revised 1-1-89 OIL CONSERVATION DIVISION WELL API NO. P.O. Box 2088 30-025-01849 Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease STATE FEE 🔝 6. State Oil & Gas Lease No. E-1027 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.) Ranger (per NMOCD Order WPI J. OTHER SWD R-7620)8. Well No. Phillips Petroleum Company D-06 9. Pool name or Wildcat 4001 Penbrook St., Odessa, Texas 79762 Ranger Lake Bough 1978 Feet From The West 660 Feet From The South Line Township 12-S 34-E Lea Range **NMPM** 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4147' GR, 4159' RKB Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK **ALTERING CASING CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT CASING TEST AND CEMENT JOB Acidize OTHER:_ X 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed MI RU. Pump 5000 gals 28% NEFe HCl w/5% Tech-wet 425, pump 1000 gals 10% brine w/1 pg graded rock salt and flush with 40 bbls fresh water. Shut well in for 2 hrs. and start flowback. Start injecting this morning. Injection rate: 792 bbls per day; 2100 pressure. Job complete.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE Asst. Reg. & Proration	DATEAug. 28, 1990	
TYPE OR PRINT NAME J. L. Maples	TELEPHONE NO. 915/367-141	1
(This space for State Use)		
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APPROVED BY TITLE	— DATE	ż
CONDITIONS OF APPROVAL, IF ANY:		