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# 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 <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. <b>E1027</b>	

## 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 - A" (FORM C-101) FOR SUCH PROPOSALS.)

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name <b>West Ranger Unit</b>
2. Name of Operator <b>Phillips Petroleum Company</b>		8. Farm or Lease Name <b>Ranger</b>
3. Address of Operator <b>Phillips Bldg., Odessa, Texas</b>		9. Well No. <b>6</b>
4. Location of Well UNIT LETTER <b>N</b> , <b>1978</b> FEET FROM THE <b>west</b> LINE AND <b>660</b> FEET FROM THE <b>south</b> LINE, SECTION <b>23</b> TOWNSHIP <b>12-S</b> RANGE <b>34-E</b> NMPM.		10. Field and Pool, or Wildcat <b>Ranger Lake Penn.</b>
15. Elevation (Show whether DF, RT, GR, etc.)		12. County <b>Lea</b>

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

PERFORM REMEDIAL WORK ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOBS ☐  
OTHER **shut well in** ☒

ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐

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.

Shut well in effective 4-1-73. Uneconomical to operate. Will be held for possible Bough "C" recompletion.

*Expires 11/1/75*

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

SIGNED *[Signature]* **W.J. Mueller** TITLE **Sr. Reservoir Engr.**

DATE **OCT 29 1974**

APPROVED BY **Orig. Signed by**

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

