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NEW MEXICO OIL CONSERVATION COMMISSION

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

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.)		5a. Indicate Type of Lease State ☒ Fee ☐ 5. State Oil & Gas Lease No. E906
1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. Unit Agreement Name	
2. Name of Operator Phillips Petroleum Company	8. Farm or Lease Name Ranger	
3. Address of Operator Room 711, Phillips Building, Odessa, Texas 79761	9. Well No. 7	
4. Location of Well UNIT LETTER L 660 FEET FROM THE west LINE AND 1980 FEET FROM THE south LINE, SECTION 26 TOWNSHIP 12-S RANGE 34-E NMPM	10. Field and Pool, or Well Unit Ranger Lake Bough	
11. Elevation (Show whether DF, RT, GR, etc.) 4161' RKB	12. County Lea	

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION FOR:

SUBSEQUENT REPORT OF:

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

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER down-hole commingle ☒

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐
OTHER ☒

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.

Approved by DHC-182 (Dated 11-4-75)

2-2-76: MI Well Units rig, pld 2-3/8" tbg, Baker R pkr and retr BP. Ran tbg w/seal assy & Kobe csg pump, seal assy in Baker D pkr at 10190', Baker R pkr at 9897', Kobe pump at 9899'. Released unit.

2-3-76: P/24 hrs, 13 BO, 31 BSW.

2-4-76: P/24 hrs, 17 BO, 22 BSW.

2-5-76: P/24 hrs, 14 BO, 3 BSW, gas TSTM, from Bough perms 9941-69' and Penn perms 10212-10313', commingled down-hole.

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

Signed O.W.J. Mueller TITLE Engineering Advisor DATE 2-12-76

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: