

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-31418
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. NM-E-906

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. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. Lease Name or Unit Agreement Name Ranger
2. Name of Operator PHILLIPS PETROLEUM COMPANY	8. Well No. 17
3. Address of Operator 4001 Penbrook St., Odessa, Texas 79762	9. Pool name or Wildcat West Ranger Lake (Devonian)
4. Well Location Unit Letter <u>M</u> : <u>660</u> Feet From The <u>West</u> Line and <u>860</u> Feet From The <u>South</u> Line Section <u>26</u> Township <u>12-S</u> Range <u>34-E</u> NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4150' GL : 4181' RKB	

11. 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <u>Flare gas</u> <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

12. 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.

RECEIVED VERBAL APPROVAL 7/19/93 FROM PAUL KAUTZ W/NMOCD TO FLARE

Due to plant shutdown - request permission to flare approx. 100 MCFD for a 48 hour period starting 7/19/93 and ending 7/21/93

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

SIGNATURE L.M. Sanders TITLE Supervisor, Regulatory Affairs DATE 7/20/93
TYPE OR PRINT NAME L.M. Sanders TELEPHONE NO. (915) 368-1488

(This space for State Use)

Orig. Signed by:
Paul Kautz
Geologist

APPROVED BY _____ TITLE _____ DATE JUL 26 1993

CONDITIONS OF APPROVAL, IF ANY: