DEPTH	FEET	SHOTs
TOTAL	81	162

3. RIH with RBP, packer, SN, and 2-7/8" 8.7 lb/ft L-80 PH-6 workstring. Set RBP at 13630'. Pressure test to 4000 psig. Pull uphole to 13515'.

4. Pressure test surface lines to 4500 psig. Acidize:

   a. Devonian Perfs (13467'-13515') with a total of 1800 gals 15% NEFe HCl. Pull uphole and set packer at 13400'. While monitoring annulus, continue displacing using 52 bbls 2% KCl water (includes 5 bbls overflush). SI 15 minutes. Flow back til well dies. Release packer. Move RBP to 13400'. Pressure test to 4000 psig. Pull uphole to 13346'.

   b. Acidize Devonian Perfs (13312'-13346') with a total of 1250 gals 15% NEFe HCl. Pull uphole and set packer at 13285'. While monitoring annulus, continue displacing using 37 bbls 2% KCl water (includes 5 bbls overflush). SI 15 minutes. Flow back til well dies. Release packer. Move RBP to 13300'. Pressure test to 4000 psig. Pull uphole to 13276'.

   c. Acidize Devonian Perfs (13260'-13276') with a total of 1000 gals 15% NEFe HCl. Pull uphole and set packer at 13240'. While monitoring annulus, continue displacing using 26 bbls 2% KCl water (includes 5 bbls overflush). SI 15 minutes. Flow back til well dies. Release packer. Move RBP to 13245'. Pressure test to 4000 psig. Pull uphole to 13234'.

   d. Acidize Devonian Perfs (13192'-13234') with a total of 500 gals 15% NEFe HCl. Pull uphole and set packer at 13100'. While monitoring annulus, continue displacing using 22 bbls 2% KCl water (includes 5 bbls overflush). SI 15 minutes. Flow back til well dies.

5. Release packer. Reset RBP at 13630'. Pressure test to 2000 psig. Pull uphole and set packer at 13100'. Open bypass. Reverse circulate using 80 bbls 2% KCl water. Close bypass. Pressure annulus to 500 psig and monitor.

6. RIH with 1 1/4" coil tubing and jet with Nitrogen to recover load water and evaluate.

7. NOTE: As necessary, pay intervals will be isolated with packer and RBP and tested separately.

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 [X] FEE [ ]

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.)

7. Lease Name or Unit Agreement Name
Ranger

1. Type of Well:
OIL WELL [X] GAS WELL [ ] OTHER

2. Name of Operator
Phillips Petroleum Company

8. Well No.
17

3. Address of Operator
4001 Penbrook Street, Odessa, Texas 79762

9. Pool name or Wildcat

4. Well Location
Unit Letter M : 660 Feet From The West Line and 860 Feet From The South Line

Section 26 Township 12-S Range 34-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4181' RKB - 4150' GL

11. 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	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER: Test open hole & lower Devonian Interval.	[X]			OTHER:			[ ]

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.

1. Release packer. POOH.
2. Perforate 9-5/8" with 2 SPF using a 4" hollow carrier cased hole gun with GR/CCL using JRC GSC 22.7-gm premium charges phased at 120 degrees.

DEPTH	FEET	SHOTS
13192'	1	2
13194'	1	2
13198'	1	2
13210'	1	2
13234'	1	2
13260'-13276'	16	32
13312'-13326'	14	28
13335'-13346'	11	22
13467'-13476'	9	18
13489'-13515'	26	52

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

SIGNATURE [signature] TITLE Supv., Reg/Proration DATE 03-31-92

TYPE OR PRINT NAME for L. M. Sanders TELEPHONE NO. (915) 368-1488

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: