Submit 3 Copies To Appropriate District Office	State of New Mexico			Form C-103 Revised March 25, 1999
District I 1625 N. French Dr., Hobbs, NM 88240	rgy, Minerals and Natural Resources		WELL API NO.	Revised March 25, 1999
District II 811 South First, Artesia, NM 88210	OIL CONSERVATION DIVISION		30-025-33892	
District III	2040 South Pacheco		5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505		STATE □ FËE 🔼	
2040 South Pacheco, Santa Fe, NM 87505		6. State Oil & Gas Lease No.		
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:	
1. Type of Well: Oil Well Gas Well Other			FIELd	
2. Name of Operator 5.P.H. OIL PRODUCERS			8. Well No.	
1 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			9. Pool name or Wildcat	
BOX 565, LOVINGTON, N.M. 88260 4. Well Location			WILde	B-)-
Unit Letter 0; 990 feet from the South line and 1650 feet from the EAST line				
Section 22	Township 128 Ra	ingc 38 E	NMPM	County Lea
	10. Elevation (Show whether Di	R, RKB, RT, GR, etc.)	
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
			SEQUENT REF	PORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK ALTERING CASING		
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPINS. PLUG AND ABANDONMENT		
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AN CEMENT JOB	ID 🗆	
OTHER:		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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.				
(1) SET	60 (105x) SURF.	PLUG -		
(Z) ERECT MARKER				
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GS.				
resident of the second of the				
I hereby certify that the information	a above is true and complete to the	best of my knowled	ge and belief.	
SIGNATURE (bolge TITLE	8 pert	an	DATE //-/4-00
		- Cycle		
Type or print name (This space for State use),	my Hodge		i elep	phone No. 525-396-21
APPPROVED BY Conditions of approval, if any:	Wile TITLE	Control of the Contro		DATE(0) 1 4 2801
y				

