Submit 3 Copies to Appropriate District Office

CONDITIONS OF AFFROVAL, IF ANY:

## 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  Santa Fe New Mexico 87504 2088                                                                                               | WELL API NO.<br>30-041-20471                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| P.O. Drawer DD, Artesia, NM 88210                                                                                                                                                    | 5. Indicate Type of Lease                           |
| DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410                                                                                                                                    | STATE FEE X  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: OR. WELL X GAS WELL OTHER                                                                                                                                           | Lambirth A                                          |
| 2 Name of Operator Phillips Petroleum Company                                                                                                                                        | 8. Well No.<br>1                                    |
| 3. Address of Operator 4001 Penbrook Street, Odessa, TX 79762                                                                                                                        | 9. Pool name or Wildcat<br>Peterson South Fusselman |
| 4. Well Location  Unit Letter :                                                                                                                                                      |                                                     |
| Section 31 Township 5-S Range 33-E                                                                                                                                                   | NMPM Roosevelt County                               |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4411.1' GR; 4416.1' RKB                                                                                                           | VIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII             |
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data                                                                                                        |                                                     |
|                                                                                                                                                                                      | SEQUENT REPORT OF:                                  |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK                                                                                                                                 | ALTERING CASING                                     |
| MPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT                                                                                                          |                                                     |
| PULL OR ALTER CASING CASING TEST AND CE                                                                                                                                              | MENT JOB                                            |
| OTHER: OTHER: Cleaned                                                                                                                                                                | out and acidized X                                  |
| 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. |                                                     |
| 8-27-93 - Sub pump out of hole. Iron and scale found on tubing and pump assembly.  BOP on wellhead. GIH w/2-7/8" and a 4-3/4" bit on scraper to 7840'.  COOH.                        |                                                     |
| 8-30-93 - GIH w/pkr. on 2-7/8" to 7750'. Set pkr. and load back side. Press. up                                                                                                      |                                                     |
| on back side to 500 psi. Swab.<br>8-31-93 - Perfs: 7830-7838'.                                                                                                                       |                                                     |
| Pump down tubing w/1000 gals 15% NeFe. 9-01-93 - Release pkr. and COOH. GIH w/2-7/8" and sub numb. ND ROP. Flance up.                                                                |                                                     |
| wellhead. Put well pumping to Battery.                                                                                                                                               |                                                     |
| 9-05-93 - 24-Hour Test: 44.7 BO; 7,392 BW; 901 GOR.                                                                                                                                  |                                                     |
|                                                                                                                                                                                      |                                                     |
|                                                                                                                                                                                      |                                                     |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief.                                                                             |                                                     |
| SIONATURE Supv. Regulat                                                                                                                                                              | ory Affairs DATE 09-13-93                           |
| TYPEOR PRINT NAME L. M. Sanders                                                                                                                                                      | (915)<br>TELEPHONE NO. 368-1488                     |
| (This space for State Use)                                                                                                                                                           |                                                     |
| Orig. Signed by<br>Paul Kautz                                                                                                                                                        | SEP 17 1993                                         |
| APPROVED BY Geologist TITLE                                                                                                                                                          | DATE                                                |

PECEIVED

SEP 1 3 1993

OFFICE