

Submit 3 Copies
to Appropriate
District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-103
Revised 1-1-89

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.)		WELL API NO. 30-041-20506
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Phillips Petroleum Company		6. State Oil & Gas Lease No.
3. Address of Operator 4001 Penbrook St., Odessa, Texas 79762		7. Lease Name or Unit Agreement Name Lambirth A
4. Well Location Unit Letter <u>A</u> : <u>560</u> Feet From The <u>north</u> Line and <u>560</u> Feet From The <u>east</u> Line Section <u>31</u> Township <u>5-S</u> Range <u>33-E</u> NMPM <u>Roosevelt</u> County		8. Well No. 4
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4377' GR		9. Pool name or Wildcat Peterson, S. (Fusselman)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

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

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☒ temporary abandonment

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

Extension of authority to temporarily shut in well is requested pending results of SWD conversion on the lease.

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

SIGNATURE L. M. Sanders

TITLE Regulation & Proration Supervisor DATE 2-01-89

TYPE OR PRINT NAME L. M. Sanders

TELEPHONE NO. 915/367-1488

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT I SUPERVISOR

TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

FEB 10 1989

2nd TA let prior 2-1-90

RECEIVED

FEB 9 1989

ODD
FEBRUARY 1989