Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-49

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Box Santa Ea Name Mani	2088	WELL API NO. 30-025-00379
P.O. Drawer DD, Artesia, NM \$8210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM \$7410 SUNDRY NOTICES AND REPORTS ON WELLS		5. Indicate Type of Lesse
		STATE FEE X
		6. State Oil & Gas Lease No.
(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: Off. GAB WELL OTHER. 2. Name of Operator		Aggie-A
Phillips Petroleum Company		E. Well No.
3. Address of Operator		D Book some - 1979
4001 Penbrook Street, Odessa, Texas 797	62	9. Pool manus or Wildcat Anderson Ranch— Wolfcamp
Unit Letter Q: 660 Feet From The East	Line and 19	78 Post From The South Line
Section 3 Township 16-S	Renne 32-E	I aa
//////////// 10. Elevation (Show what	er DF, RKB, RT, GR, etc.)	NMPM Lea County
4336' DF	·	
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	
PULL OR ALTER CASING	CASING TEST AND CE	
OTHER:	OTHER:	MERI JOB [
12 Describe Personnel on Completed Commission 675		
 Describe Proposed or Completed Operations (Clearly state all pertinent details, work) SEE RULE 1103. 	and give pertinent dates, includ	ling estimated date of starting any proposed
10-29-90: MI & RU Diamond WS DDU. POOH w/rods and pump. NU BOP. COOH w/prod		
10-30-90: Spot 600 gal 15% FE acid w/30 gal Pentafax perfs 9718'-9900'. Swab three hours.		
10-31-90: Pump 2400 gal Pentol 250 followed by 852# benzoic acid flakes in 852		
gal gelled brine.	.owed by 852# be	nzoic acid flakes in 852
11-1-90: Swab 10 hours.		
11-2-90: COOH w/pkr & tbg, GIH with prod string & rods.		
11-3-90: Hang well on, space out. 11-12-90: Drop from report.		
11 12-30. Drop from report.		
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I hereby certify that the information above is true, and complete to the best of my knowledge as		
MONATURE O	Regula. & Pro	ora. Supv. DATE 11/16/90
TYPEOR MENT NAME L. M. Sanders		TELEPHONE NO. 368-1488
(This space for State Use) ORIGINAL OUSERND FOR SOLUTION OF SHE		Atore
SSVMC FURNISHED BY-		MOV 4 2 5 199
CONDITIONS OF ARREDVAL, If ANY:		DATE