Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, 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, Hobba, NM 88240  DISTRICT II P.O. Drawer DD, Ariesia, NM 88210  DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		WELL API NO. 30-025-01322  5. Indicate Type of Lease STATE X FEE  6. State Oil & Gas Lease No. B-2229	
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 GAS WELL GAS	OTHER WI		Phillips E State
2. Name of Operator			8. Well No.
Phillips Petroleum Co	ompany		9. Pool name or Wildcat
3. Address of Operator 4001 Penbrook St., Oc	dessa, TX 79762		Maljamar Gb/SA
4. Well Location Unit Letter J : 198	Feet From The South	Line and 1980	Ped Prom The East Lin
Section 8 Township 17-S Range 33-E NMPM Lea County			
	10. Elevation (Show whether	DF, RKB, RT, GR, etc.)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	///// 4208' GL	37 . 637 // D	
	Appropriate Box to Indicate	•	· ·
NOTICE OF IN	TENTION TO:	SUB	SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	X ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	3 OPNS. DUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CE	EMENT JOB
OTHER:		OTHER:	ſ
		<u> </u>	
12. Describe Proposed or Completed Oper work) SEE RULE 1103.	nticon (Clearly state all pertinent details, e	and give pertinent dates, inclu	ding estimated date of starting any proposed
4270'-4430' w/6500 garock salt in 525 gals	als 20% NEFe HCl cons s gelled brine. Flusess: 3600#. ISIP:	taining iron s sh w/24 bbls F	E. RU to acidize perfs equestering agent & 525# W. Rate: 3.3 BPM SIP: 2800#. RD Charger.
5-24-90: Injected 2: Injecting into GB/SA Job complete.	10 BW in 24 hrs @ 13 perfs 4270'-4430'.	50#. Previous	inj press was 2500#.
I hereby certify that the information above is possible to the information above in the informat	aples	d belief. MLE Assist., Re	g. & Pro. DATE 6/25/90 TELEPHONE NO. 367-141
(This space for State Use) RIGINAL CLO	T I SUFFRISOR	TLL	PATE

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JUN 2 9 1990

C .... HOSBS OFFICE