MB.

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office	,	•		•••••	• • • •
DISTRICT I P.O. Box 1980, Hobbs NM 88240	OIL CONSERVATIO P.O. Box 20	WELL API NO.	30-025-01331		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico	87504-2088	5. Indicate Type of		FEE 🗆
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas		FEE
SUNDRY NOTICES AND REPORTS ON WELLS			B-2229		
(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 Phillips State E		
1. Type of Well: OIL GAS WELL WELL	OTHER Water	Injection			
2. Name of Operator Phillips Petroleum Comp	any		8. Well No.		
3. Address of Operator 4001 Penbrook Street, Odessa, TX 79762			9. Pool name or Wildcat MALJAMAR GB/SA		
4. Well Location	0 Feet From The South	Line and 19	80 Foot From	n The WEST	Line
Section 9	Township 17 S R	ange 33 E	NMPM	LEA	County
	10. Elevation (Show wheth	er DF, RKB, RT, GR, et 4194'GR	c.)		
•	opropriate Box to Indicate	1	_		_
NOTICE OF II	NTENTION TO:	Sui	SEQUENI	REPORT O	F:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING	ra
TEMPORARILY ABANDON	CHANGE PLANS L.	COMMENCE DRILLING		PLUG AND ABAND	ONMENT LA
PULL OR ALTER CASING	П	CASING TEST AND CI	EMENT JOB L		<u></u>
OTHER:		OTHER:			
Describe Proposed or Completed Opwork) SEE RULE 1103.	orations (Clearly state all pertinent de	talls, and give pertinent de	ates, including estim	ated date of starting	any proposed
RIH W/sqz pkr, s Sqzed plug #2 27 4/06/95 RIH/tagged TOC unable to pump i Pumped plug #3 1 Pulled uphole, s	?	pg mud laden br ass C cmt, mixe 2740', est inj ass C cmt, mixe d uphole, set p d Paul Couch, a ss C cmt mixed qzed plug #4 35	rine. d	3/sx & 14.8 g & 1.32 ft3 perf 5-/12" sx plug 1540 ve.	/sx. csg 0 '- 1293'
I hereby certify that the information above is	true and complete to the best of my knowledge	ge and belief.			
SIGNATURE	mbles m	rue Regulation S	pecialist	DATE _5/9/9	15
TYPE OR PRINT NAME MSANDE	RS			TELEPHONE NO.915/	368-1488
(This space for State Use)		COMPLIANCE	F NEDIOCH		
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	Relinas_ TT	TLE	- OFFICER	DATE JAN 2	1 2903
// ······ //					: 1

A CENTED

1-- 1 = 1885

OFFICE