Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Depart.

Form C-103
Revised 1-1-89

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

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

WELL API NO. 30-025-05301

5. Indicate Type of Lease STATE ☐ FEE ☒

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: Denton

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator: Phillips Petroleum Company

8. Well No. 14

3. Address of Operator: 4001 Penbrook Street, Odessa, Texas 79762

9. Pool name or Wildcat: Denton Wolfcamp

4. Well Location
Unit Letter C : 659 Feet From The North Line and 2137 Feet From The West Line

Section 11 Township 15-S Range 37-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3811' RKB

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 OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			OTHER: Acidize	☒		

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.

12-22-91	MIRU DDU - NU BOP.
12-25-91	COOH w/packer, Kobe Assembly, and 2-7/8" TBG
12-26-91	RIH w/sandline pump to 9144. RIH w/RTTS packer testing TBG to 5000#, Set packer 8950'.
12-29-91	Acidize w/10,000 Gal 20% LCA flush w/55 bbls 2% KCL.
1-03-92	Swab 6 hrs, COOH w/TBG packer.
1-04-92	GIH w/TBG. Flange up well head.
1-05-92	PU Rods - hangwell on space out
1-09-92	Pumped 25 BOPD, 200 Bbls, 14 MCF. Drop From Report.

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

SIGNATURE L.M. Sanders TITLE Supervisor Reg/Proration DATE 1-16-91

TYPE OR PRINT NAME L.M. Sanders TELEPHONE NO. (915) 368-1488

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON TITLE DISTRICT I SUPERVISOR DATE JAN 22 '92

CONDITIONS OF APPROVAL, IF ANY: