

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

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.

30-025-23457

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B-2229

7. Lease Name or Unit Agreement Name

PHILLIPS "E" STATE

8. Well No.

12

9. Pool name or Wildcat

MALJAMAR GB/SA

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.)

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☐

OTHER WATER INJECTION

2. Name of Operator

Phillips Petroleum Company

3. Address of Operator

4001 Penbrook Street, Odessa, TX 79762

4. Well Location

Unit Letter M : 990' Feet From The SOUTH Line and 990' Feet From The WEST Line

Section 10 Township 17-S Range 33-E NMPM LEA County

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

4184' RKB; 4172' GL

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: REPAIR PKR LEAK & RUN INTEGRITY CHART ☒

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.

02/05/97 MIRU DDU NU BOP, COOH W/.TBG & PKR, PKR SHEERED, GIH W/PKR & TBG,
TST CSG T/500 PSI F/30 MIN, CSG OK, ND BOP, RDMO DDU, WELL INJECTING
@ 87 BBL/DAY @ 2550 PSI, COMPLETE DROP F/REPORT.

09/23/97 COULDN'T LOCATE COPY OF CHART. RE-RAN TEST AND CHART PER REQUEST FROM
REGULATION/PRORATION DEPT. TO SEND TO NMOCD.

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

SIGNATURE

Larry M. Sanders

TITLE Senior Regulation Analyst DATE 09/25/97

TYPE OR PRINT NAME Larry M. Sanders

TELEPHONE NO. (915)368-1488

(This space for State Use)

COPIED SIGNED BY
JERRY WINK
FIELD REP. II

APPROVED BY

TITLE

DATE OCT 15 1997

CONDITIONS OF APPROVAL, IF ANY:

