

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 <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> 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: **CLEANOUT, ADD PERFS, ACIDIZE & RETURN** ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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.

PULL TUBING, CLEAN OUT, ADD PERFS, ACIDIZE, & RETURN TO INJECTION.

PERFS ADDED

4378' - 86' (+1)
4433' - 40' (+2)
4473' - 80' (+2)

C-103 FAXED TO 505/393-0720 ATTENTION: BONNIE 6/12/96
ORIGINAL FOLLOWED IN US MAIL 6/12/96.

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 **06/12/96**

TYPE OR PRINT NAME **Larry M. Sanders**

TELEPHONE NO. **(915)368-1488**

(This space for State Use)

ORIGINAL FILED IN LARRY SANDERS
DISTRICT OFFICE

JUN 19 1996

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: