

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.
30-025-23459

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.
14

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 St., Odessa, Texas 79762

4. Well Location
Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East Line
Section 15 Township 17-S Range 33-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4160' GL 4170' RKB

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: ☐

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.

3-7 thru
3-16-90: 4585' PTD. RU DDU. Installed BOP. COOH w/tbg, released pkr. Cleaned out well. Acidized w/2000 gals 20% NEFe HCl w/200# rock salt. Set plastic coated AD-1 pkr on 2-3/8" tbg @ 4290'. Pressure tst'd csg. Started injection 3:00 p.m. 3-16-90.

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

SIGNATURE J. L. Maples TITLE Assist., Reg. & Pro. DATE 6/18/90

TYPE OR PRINT NAME J. L. Maples TELEPHONE NO. 367-1411

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JUN 25 1990

RECEIVED

JUN 25 1990

CCD
MOBES OFFICE