

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.  
30-025-25331

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.)

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

2. Name of Operator  
Phillips Petroleum Company

3. Address of Operator  
4001 Penbrook St., Odessa, TX 79762

4. Well Location  
Unit Letter G : 2302 Feet From The North Line and 2310 Feet From The East Line

Section 11

Township 15-S

Range 37-E

NMPM Lea

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3794' 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: ☐

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.

1-9 thru

1-17-90: RU Charger to acidize perfs 11,288'-11,673' w/5000 gals 20% NEFe HCl & 600# rock salt in 600 gals of brine. Flushed w/81 BPW. Squeezed for scale w/4 drums Techni-hib 756 mixed in 40 BW and flushed w/260 BPW w/5 gals Techni-clean 420. Reran production equipment.

WO Test equipment.

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 6/21/90

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:

JUL 02 1990

RECEIVED

JUN 29 1990

OOB  
HOBBS OFFICE