Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-103
Revised 1-1-89

WELL API NO.
30-025-31681

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.
B9642

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
Chem State

1. Type of Well:
OIL WELL [X] GAS WELL [ ] OTHER

2. Name of Operator
Phillips Petroleum Company 017643

8. Well No.
9

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

9. Pool name or Wildcat
Tulk (Wolfcamp)

4. Well Location
Unit Letter H : 2600 Feet From The North Line and 660 Feet From The East Line

Section 4 Township 15-S Range 32-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4314' GR (Unprepared)

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: Extension on permit to drill	[X]			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.

Phillips Petroleum Company requests the permit to drill the Chem State Well No. 9 to be extended for one year (extended drilling permit issued 4/30/93). All aspects of application, including the casing program, hole size,weight per foot, setting depth and quantity of cement will remain as stated on original APD.

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

SIGNATURE L. M. Sanders TITLE Supv.Regulatory Affairs DATE 10-26-93

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

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE DATE OCT 28 1993

CONDITIONS OF APPROVAL, IF ANY:

Expires May 23, 1994