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	OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO. 30-025-31682
P.O. Drawer DD, Artesia, NM 88210  Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			STATE X FEE  6. State Oil & Gas Lesse 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
1. Type of Well: OIL GAS WELL X WELL	OTHER		Chem State
2. Name of Operator Phillips Petroleum	Company		8. Well No. 10
3. Address of Operator 4001 Penbrook Stree	t, Odessa, TX 79762		9. Pool name or Wildcat Tulk (Wolfcamp)
4. Well Location Unit Letter M : 130	0 Feet From The South	Line and 660	Peet Prom The Line
Section 4	Towaship 15-S	12-E	NMPM Lea County
	10. Elevation (Show whether	DF, RKB, RT, GR, ec.) (Unprepared)	
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
		SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	
PULL OR ALTER CASING CASING TEST AND CE			
OTHER: Extension on pe	rmit 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. 10 to be extended for one year (drilling permit issued 11-23-92). 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.			
Therefore and the day of the latest and the latest			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SHONATURE  SUDV. Regulatory Affairs  DATE  04-27-93			
TYPE CE PENT NAME L. M. Sand	lers	LB	DATE (915) TELEPHONE NO. 368-1488
IDDITAGE IO.			
(This space for State Use)  ORIGINAL SARN	SW RY JERRY SEXTON		APD 9 A 1003

CONDITIONS OF AFFROVAL, IF ANY:

Eypines 11-23-93