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 II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazza Rd, Artes, NM 8741

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

WELL API NO. 30-025-01515/

_	<i></i>	1515.
5.	Indicate Type of Lease	
	STATE X	FEE
6.	State Oil & Gas Lease No.	

1000 Rio Brazos Rd., Aziec, NM 87410			STATE X_	FEE	
			6. State Oil & Gas Lease No. 12 - 2/48		
SUNDRY NOT	ICES AND REPORTS ON WE	LLS		///////	
(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:			-		
MEIT X MEIT	OTHER		Leamex		
2. Name of Operator	_		8. Well No.		
Phillips Petroleu 3. Address of Operator	m Company		6		
•	ngton NV 00000		9. Pool name or Wildcat		
HC 60 Box 66 Lovi	ngton NM 88260		Maljamar Leaney te	nn	
Unit Letter :1910	O Feet From The FS	Line and	/	Line	
Section 23	Township 17 S Ra	ange 33 E	NMPM		
	10. Elevation (Show whether		(IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	County	
Check A	Appropriate Box to Indicate I	Nature of Notice Pa	enort or Other Date		
NOTICE OF INT	ENTION TO:		SEQUENT REPORT OF:		
ERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK			
EMPORARILY ABANDON	<u> </u>	NEMEDIAL WORK	ALTERING CASING		
_	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDO	NMENT [
ULL OR ALTER CASING		CASING TEST AND CE			
THER:	i	1	V Inspection	_	
		l .			
work) SEE RULE 1103.	ons (Clearly state all pertinent details, an	d give pertinent dates, includ	ling estimated date of starting any proposed		

1)	Install	risers	on	casing	to	surface	(2")
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- 2) Banded all valves (Sur, Imed, or Prod)
- 3) Clean and fill cellars with sand

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I hereby certify that the information above is true and complete to the best of my knowled	ge and belief.	
SIGNATURE STATE STATE STATE OF THE STATE OF	mme SR Oil & Gas Supervisor	DATE TO A TO THE TOTAL PARTY OF THE PARTY OF
TYPE OR PRINT NAME		TELEPHONE NO.
(This space for State Use) APPROVED BY APPROVED BY	GAS INSPECTO	OR FEB 2 4 1993