

| | |
|------------------------|--|
| NO. OF COPIES RECEIVED | |
| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| U.S.G.S. | |
| LAND OFFICE | |
| OPERATOR | |

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- | 5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/> |
| 2. Name of Operator Phillips Petroleum Company | 5. State Oil & Gas Lease No. B-1503 |
| 3. Address of Operator Room 711, Phillips Building, Odessa, Texas 79761 | 7. Unit Agreement Name --- |
| 4. Location of Well UNIT LETTER E , 1980 FEET FROM THE north LINE AND 660 FEET FROM THE west LINE, SECTION 5 TOWNSHIP 18-S RANGE 35-W NMPM. | 8. Farm or Lease Name Santa Fe (Btry. 2) |
| | 9. Well No. 3 |
| | 10. Field and Pool, or Wildcat Vacuum Gb./San Andres |
| 15. Elevation (Show whether DF, RT, GR, etc.) 3967.3' Csghead | 12. County Lea |

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

| | |
|--|---|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | OTHER <input type="checkbox"/> |

SUBSEQUENT REPORT OF:

| | |
|--|--|
| REMEDIAL WORK <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| COMMENCE DRILLING OPNS. <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| CASING TEST AND CEMENT JOBS <input type="checkbox"/> | OTHER <input checked="" type="checkbox"/> Activated well. |

17. 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.

**Activated well, tested: On 1-22-73, P/18 B0, no water, GOR 350/1, gvtly 36.8.
Remove from shut down status.**

(This well is in same proration unit as Well No. 112 with top allowable for both wells limited to one top unit allowable.)

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

SIGNED R. J. Stringer **R. J. Stringer** TITLE Associate Reservoir Engineer DATE 1-23-74

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: