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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 DEPTH. USE APPLICATION FOR PERMIT TO DRILL FORM C-101 FOR SUCH PROPOSALS.

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER	5a. Indicate Type of Lease State ☒ Fee ☐
2. Name of Operator Phillips Petroleum Company	5. State Oil & Gas Lease No. B-1502
3. Address of Operator Room B-2, Phillips Bldg., Odessa, Texas 79760	7. Unit Agreement Name ---
4. Location of Well UNIT LETTER C 330 FEET FROM THE north END AND 1980 FEET FROM THE west LINE, SECTION 5 TOWNSHIP 18-S RANGE 35-E COUNTY Lea	8. Farm or Lease Name Santa Fe
	9. Well No. 98
	10. Field and Pool, or Wildcat Vacuum Glorieta
11. Production (Specify whether Oil, Gas, or Both) 3962 - GL	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: ☐ PERFORM REMEDIAL WORK ☐ TEMPORARILY ABANDON ☐ PULL OR ALTER CASING ☐ OTHER

☐ PERFORM REMEDIAL WORK	☐ PLUG AND ABANDON	☒ TEMPORARILY ABANDON	☐ ALTERING CASING
☐ TEMPORARILY ABANDON	☐ CHANGE PLANS	☐ PULL OR ALTER CASING	☐ PLUG AND ABANDONMENT
OTHER ☒ Temporary abandonment			

17. Describe Proposed or Completed Operations (Clearly state all pertinent well, unit, gas, production, dates, including estimated date of starting any proposed work) SEE RULE 1103.

Well shut down prior to treatment. On 11-4/6-70, treated down tubing w/solvent and Gypban. 11-7-70, Dowell treated down tubing through Glorieta perforations 6150-61' w/2000 gals 15% acid w/2 gals L-37, flushed w/24 B W down tubing, 28 B W down casing. AIR 3/4 BPM at 0# press. Reran rods and pump. Tested well; on 11-18-70, pumped 24 hours, no oil, no water. Returned well to shut down status.

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

SIGNED W. J. Mueller TITLE Associate Reservoir Engineer DATE 11-19-70
APPROVED BY [Signature] TITLE --- DATE ---
CONDITIONS OF APPROVAL, IF ANY: ---