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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease State ☒ Fee ☐
5. State Oil & Gas Lease No. B-2148
7. Unit Agreement Name
8. Farm or Lease Name Leamex
9. Well No. 14
10. Field and Pool, or Wildcat Maljamar-Gb/SA
12. County Lea

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. OIL WELL ☒ GAS WELL ☐ OTHER ☐
2. Name of Operator Phillips Petroleum Company
3. Address of Operator Room 711, Phillips Bldg., Odessa, Texas 79761
4. Location of Well UNIT LETTER B 660 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 21 TOWNSHIP 17-S RANGE 33-E NMPM.

15. Elevation (Show whether DF, RT, CR, etc.)
4179'GR, 4190'RKB

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

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐
PULL OR ALTER CASING ☐	OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐	ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☒	PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOBS ☒	OTHER ☐

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.

- 3-6-75 - MI Cactus Drilling Co. rotary, Commenced reentry operations, drilled cmt f/surface to 30'
- 3-7-75 - Drld plugs 300-400'; 1450-1550'; 2700-2750'; 4100-4553'; circ 1½ hrs., pulled DP.
- 3-10-75 - Set 134 jts. (4553') 5½" CD 17# N-80 LHC csg at 4553'. Howco cemented w/150 sx class H cmt w/40% OD, and 150 sx class H w/8# salt/sx. Plug to 4525' w/1500#.
- 3-11-75 - MOR and cleared location. Prep to perforate and complete.

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 Senior Reservoir Engineer DATE 3-15-75
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____