

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

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
B2131

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	7. Unit Agreement Name
2. Name of Operator	8. Farm or Lease Name
Phillips Petroleum Company	Santa Fe
3. Address of Operator	9. Well No.
Room B2, Phillips Building, Odessa, Texas 79760	115
4. Location of Well	10. Field and Pool, or Wildcat
UNIT LETTER C 330 FEET FROM THE north LINE AND 1650 FEET FROM THE west LINE, SECTION 4 TOWNSHIP 18-S RANGE 35-E COUNTY	Vacuum Grayburg/San Andres
11. Elevation (Show whether DI, RI, GR, etc.)	12. County
3942' Gr.	Lea

15. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REPAIR OR ☒	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	ABANDON DRILLING UNIT ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	ABANDON WELL OR RESERVOIR ☐	

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.

On 10-9-70, MI Well Units WS rig, pulled rods and pump. Dowell treated San Andres down casing and tubing annulus through perfs 4580-4628' w/4000 gals 28% acid w/8 gals L-37 followed by 4000 gals 3% acid w/8 gals L-37. Flushed tbgs w/32 BO, csg w/68 BO. Max press 2000#, min 1600#, ISDP 1000#, vacuum in 4 minutes. AIR 8.8 BPM. Swabbed and tested well. Reran rods and pump, restored to production.

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 Engr. DATE 10-15-70

APPROVED BY [Signature] TITLE [Signature] DATE [Signature]

CONDITIONS OF APPROVAL, IF ANY: