

C.I.L CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

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

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	

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.)

OIL WELL ☐ GAS WELL ☐ OTHER- Convert to water injection service

7. Unit Agreement Name

2. Name of Operator  
Phillips Oil Company

8. Farm or Lease Name  
Phillips E State

3. Address of Operator  
Room 401, 4001 Penbrook St., Odessa, Texas 79762

9. Well No.  
33

4. Location of Well  
UNIT LETTER H , 1980 FEET FROM THE North LINE AND 660 FEET FROM  
THE East LINE, SECTION 24 TOWNSHIP 17-S RANGE 33-E NMPM.

10. Field and Pool, or Wildcat  
Maljamar Gb/San Andres

15. Elevation (Show whether DF, RT, GR, etc.)  
GL-4122

12. County  
Lea

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <u>WFX 534-Convert to injection</u> <input checked="" type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

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.

MI & RU DD unit. Install BOP.  
Pull tbg. Run 2-3/8" OD plastic lined tbg set in Baker AD-1 pkr at 4300'±.  
Connect injection lines, start water injection.  
Release DD unit.

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

SIGNED [Signature] TITLE Sr. Engineering Specialist DATE 11-27-84  
W. J. Mueller

APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE NOV 30 1984  
ORIGINAL SIGNED BY JERRY SEXTON

CONDITIONS OF APPROVAL, IF ANY: