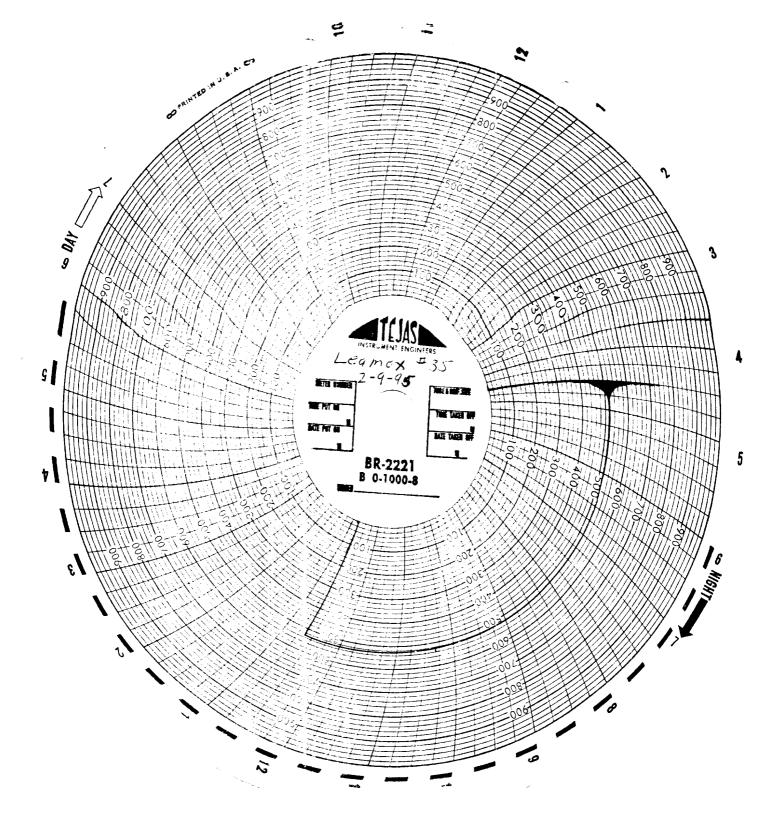
Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office	Energy, windered and wa	and resources Separation	Kevmed 1-1-59
DISTRICT I	OIL CONSERVA	ATION DIVISION	WELL API NO.
P.O. Box 1980, Hobbs NM 88240	P.O. Box 2088		30-025-27995
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New M	Mexico 87504-2088	5. Indicate Type of Lease
DISTRICT III		STATE X FEE	
000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS			B-2148
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		LEAMEX	
. Type of Well:	- 101/1 OR GOORT HOT GOAL		LEAMEA
OIL GAS WELL WELL	OTHER		A
. Name of Operator		- 4	8. Well No.
Phillips Petroleum Comp	pany		35
3. Address of Operator			9. Pool name or Wildcat
1001 Penbrook Street, (<u> 0dessa, TX 79762</u>		MALJAMAR GB/SA
	SO Feet From The	OUTH Line and 19	980 Feet From The WEST Lin
Section 22	Township 17 S	Range 33 E	NMPM LEA County
	10. Elevation (Sho	w whether DF, RKB, RT, GR, et 4149' GR	tc.)
.l. Check A	nnyonyiota Pay ta Ind		Depart on Other Date
-		t	, Report, or Other Data
NOTICE OF I	NTENTION TO:	SU	BSEQUENT REPORT OF:
RFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
EMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	
JLL OR ALTER CASING		CASING TEST AND C	EMENT JOB 🔲
THER:		OTHER: TEMPORA	RILY ABANDON
work) SEE RULE 1103.	crations (Clearly state all perti	nent details, and give pertinent d	ates, including estimated date of starting any propose
	ND LAY DOWN RODS AN	ID PUMP. GIH W/CASI	ING SCRAPER COOH. GIH W/CIBP A
SET AT 4100'.			
2/09/95 PUMP 135 BBLS	FRESH WATER W/CORF	ROSION INHIBITOR. 1	FEST CASING TO 500 PSI FOR 15 M
CASING HELD.	LAY DOWN TUBING.	ND BOP. RD MO DDU.	. WELLBORE TA'D.
			· .
		Mar Approval	of Temporary
		3 Justonoback	of Temporary 2-24-2000 xpires
		Pastidorime. 5 is	
hereby certify that the information above is			
Am ()	true and complete to the hest of my	knowledge and helief	
CICHATURE / //	true and complete to the best of my	•	
SIGNATURE ()	,	•	REG. AFFAIRS DATE 02/21/95
0	anders	•	REG. AFFAIRS DATE 02/21/95
TYPE OR PRINT NAME M. SANDE	RS	•	REG. AFFAIRS DATE 02/21/95 TELEPHONE NO.915/368-148
TYPE OR PRINT NAME M. SANDE (This space for State Use) ORIG	RS SIGNED BY	•	TELEPHONE NO.915/368-148
TYPE OR PRINT NAME M. SANDE (This space for State Use) ORIG	RS GINAL SIGNED BY GARY WINK	•	
TYPE OR PRINT NAME M. SANDE (This space for State Use) ORIG	RS SIGNED BY	TITLE SUPERVISOR,	TELEPHONE NO.915/368-148

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