Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-80

District Office	3,,			Kevised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs NM 88240	OIL CONSERVATION		WELL API NO.	
DISTRICT II	P.O. Box 2088 Santa Fe, New Mexico 87504-2088		30-025-28380	
P.O. Drawer DD, Artesia, NM 88210	ountare, recording	00 0700 7 2000	5. Indicate Type of Lease STATE	X FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No. LG-365	
SUNDRY NOTICES AND REPORTS ON WELLS			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	POSALS TO DRILL OR TO DEEPEN RVOIR. USE "APPLICATION FOR PEF 101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A RMIT"	7. Lease Name or Unit Agreem	ent Name
1. Type of Well: OIL GAS WELL X WELL	OTHER			
2. Name of Operator			8. Well No.	
Phillips Petroleum Compa  3. Address of Operator	any		9. Pool name or Wildcat	
4001 Penbrook Street, 0	dessa, TX 79762		MALJAMAR GRAYBUR	G/SAN ANDRES
4. Well Location Unit Letter G: 1980	Feet From The FNL	Line and 190	-	FEL Line
Section 22	Township 17-S R	ange 33-E	NMPM LEA	County
	10. Elevation (Show wheth	ner DF, RKB, RT, GR, etc 4155' GL	c.)	
11. Check An	propriate Box to Indicate		Poport or Other Dat	<u> </u>
NOTICE OF IN		1	SEQUENT REPOR	
NO 1101 OT 111		301		OF.
PERFORM REMEDIAL WORK	PLUG AND ABANDON X	REMEDIAL WORK	ALTERING C	ASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND A	BANDONMENT
PULL OR ALTER CASING		CASING TEST AND CE	EMENT JOB	
OTHER: PLUG & ABANDON WELL		OTHER:		
12. Describe Proposed or Completed Oper work) SEE RULE 1103.	rations (Clearly state all pertinent de			
2-3/8" TBG ( TBG, CIRC 4- 2. SPOT PLUG #2 SPOT PLUG #3 SPOT PLUG #4	ING PROCEDURE: WS, TST 2-3/8" TBG T/S (TALLY) & STD BK IN DE -1/2" CSG W/9.5 PPG MU 1 (25 SX CMT) 4175-407 2 (40 SX CMT) 3150-268 3 (25 SX CMT) 1575-147 4 (25 SX CMT) 100 - 3° /2" CSG 3' BELOW GL, I	RRICK, SET 4-1/ D-LADEN FL. 5', COVERS SA & 4 <sup>2</sup> , COVERS 7 RI 5', COVERS SALT	2" CIBP 0 4175' USI GB. VERS & YATES. TOP.	NG 2-3/8" PRO
I hereby certify that the information above is tri	ue and complete to the hest of my knowledg	re and belief		
SIGNATURE CELLS			tion Analyst DATE O	6/26/97
TYPE OR PRINT NAME Larry M. San	ders U		TELEPHONE NO.	<u>(915)368-148</u> 8
(This space for State Use) ORIGINAL SIGNED BY DISTRICT I SU	CHRIS WILLIAMS PERVISOR			明. •1 +77
APPROVED BY		LE	DATE	
CONDITIONS OF APPROVAL, IF ANY:				