

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
OPERATOR	

API # 30-025-38853

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/> XXX	Fee <input type="checkbox"/>

5. State Oil & Gas Lease No.  
B-243

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL ON TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.  
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

Name of Operator

Phillips Petroleum Company

Address of Operator

Room 401, 4001 Penbrook Street, Odessa, Texas 79762

Location of Well

UNIT LETTER D 330 FEET FROM THE north LINE AND 860 FEET FROM

THE west LINE, SECTION 16 TOWNSHIP 18-S RANGE 37-E NMPM.

7. Unit Agreement Name

8. Farm or Lease Name

State B-243

9. Well No.

1

10. Field and Pool, or Wildcat

Wildcat - Wolfcamp

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

3735.6' GR (Unprepared)

12. County

Lea

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 ☐

REMEDIAL WORK ☐

ALTERING CASING ☐

TEMPORARILY ABANDON ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

PULL OR ALTER CASING ☐

CHANGE PLANS ☒

CASING TEST AND CEMENT JOBS ☐

OTHER ☐

OTHER xxx change projected total depth ☐

7. 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.

Propose to change projected total depth from 10,100 feet to 10,500' in order to cut entire Wolfcamp formation.

(Confirms verbal approval this date Carpenter/McLemore)

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

SIGNED J. Mueller

TITLE ---

DATE 10-12-84

ORIGINAL SIGNED BY J. Mueller

OCT 15 1984

PROVED BY DISTRICT SUPERVISOR

TITLE ---

DATE ---

CONDITIONS OF APPROVAL, IF ANY: