Submit 3 Copies State of New Mexico Form C-103 to Appropriate District Office Energy, Minerals and Natural Resources Department Revised 1-1-89 DISTRICT OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 WELL API NO. P.O. Box 2088 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 30-025-29902 Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease FEE [ STATE X DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 6 State Oil & Gas Lease No. V-1987 SUNDRY NOTICES AND REPORTS ON WELLS ( 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.) Type of Well: Airstrip-A State WELL X WELL OTHER 2. Name of Operator & Well No. Phillips Petroleum Company 3. Address of Operator 9. Pool name or Wildcat 4001 Penbrook St., Odessa, Texas 79762 Airstrip-Bone Spring Well Location Unit Letter K : 1931 Feet From The South 1980 Line and Feet From The Line Township 18-S Range **NMPM** Lea County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4035' DF: 4023' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS PLUG AND ABANDONMEN **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB Acidize excisting perfs. OTHER: 12. 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. 1. COOH with rods. Lower tubing to check for fill above 9580'. Check for scale and/or asphaltenes on tubing. If fill encountered above 9580', clean-out well to PBTD 9617' GIH with 5-1/2" RTTS-type packer on 2-7/8" production string to 9450; set packer. Swab to clean up well. Acidize Bonesprings perforations from 9550'9576' with 3000 gallons 20% NEFE HCL. Swab well to recover load and acid water. COOH with packer and workstring. Re-run same production string and place well on production--test well until production stabilizes. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

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

SHONATURE

TIME SUDV., Reg. & Pror.

DATE 1/23/92

TYPE OR PRINT NAME | L. M. Sanders

TELEPHONE NO. 915/368-1488

(This space for State Use)

This space for State Use)
OBSGRADE SERVICES

JAN 27'92

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY