Submit 3 Copies to Appropriate District Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO. 30-025-30428

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. B-2148

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.)

7. Lease Name or Unit Agreement Name: Leamex

1. Type of Well: OIL WELL [ ] GAS WELL [ ] OTHER

2. Name of Operator: Phillips Petroleum Company

8. Well No. 51

3. Address of Operator: 4001 Penbrook, Odessa, Texas 79762

9. Pool name or Wildcat: Maljamar Gb/SA

4. Well Location
Unit Letter O : 660 Feet From The South Line and 1980 Feet From The East Line

Section 21 Township 17-S Range 33-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4178' GR - 4190' RKB

11. 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	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			OTHER: Acidized and clean out			[X]

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.

02-01-92: MI RU DDU. COOH w/rods. NU BOP. Lower tbg - fill 50' below bottom perf. COOH.
02-02-92: GIH w/5-1/2 pkr on 2-7/8" workstring. Set pkr at 4050'.
02-04-92: Acidize w/2500 gal NEFe HCl.
02-06-92: COOH w/pkr. LD workstring. GIH w/tbg and rods. Hang well on.
02-11-92; Pumped 14 oil BOPD 20 BWPD 8 MCF gas. Drop from report.

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

SIGNATURE [signature] TITLE Supervisor Reg/Proration DATE 2-21-92

TYPE OR PRINT NAME L. M. Sanders TELEPHONE NO. 914-368-1488

(This space for State Use)

Orig. Signed by
Paul Kautz
Geologist

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: