| Office  State of New Mexico   | Form O 100   |
|---|--|
| District I Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 87240   | Form C-103 Revised March 25, 1999  |
| District II 811 South First, Artesia, NM 87210 District III OIL CONSERVATION DIVISION   | WELL API NO.   |
|   | 30-025-30454 5. Indicate Type of Lease   |
| District IV Santa Fe. NM 87505  | COTATO -   |
| 2040 South Pacheco, Santa Fe, NM 87505  | 6. State Oil & Gas Lease No.   |
| SUNDRY NOTICES AND DEPORTS COMM   | B-2229   |
| 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                 | 7. Lease Name or Unit Agreement Name:  |
| 1. Type of Well: Oil Well X Gas Well Other  | PHITMEX  |
| 2. Name of Operator   |  |
| Phillips Petroleum Company  | 8. Well No.  |
| 3. Address of Operator  | 36<br>0 Paglary Will   |
| 4001 Penbrook Street Odessa, TX 79762 4. Well Location  | 9. Pool name or Wildcat MALJMAR GB/SA  |
|   | 122001AR GD/SA   |
| Unit Letter J: 1980 feet from the SOUTH line and  | 1855 feet from the PACE  |
| Section 27  | 1855 feet from the EAST line   |
| 10wnship 17-S Range 33 B  | NMPM County LEA  |
| 10. Elevation (Show whether DR, RKB, RT, GR, etc. 4147.6' GR  | c.)  |
| 11. Check Appropriate Box to Indicate Nature of Notice,   |  |
| NOTICE OF INTENTION TO:   | Report, or Other Data  |
| PERFORM REMEDIAL WORK CT DIVID AND 1 SUD-   | SEQUENT REPORT OF:   |
| TEMPODADILYADAN   | ☐ ALTERING CASING ☐  |
| COMMENCE DRILLI   |  |
| PULL OR ALTER CASING  | ABANDONMENT  |
| OTHER:  |  |
| 12. Describe Proposed as C OTHER: REACTIVATE  | <u> </u>   |
| 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach versions or recompilation. | re pertinent dates, including estimated date wellbore diagram of proposed completion |
|   | e and proposed completion  |
| 10/01 WELL REACTIVATED FROM SHUT-IN STATUS.   |  |
|   |  |
| 10/10/01 - WELL PRODUCED 4 BOPD, 7 BWPD & 5 MCFPD.  |  |
|   |  |
|   |  |
| ***CORRECT API NUMBER ON C-103 DATED 11/30/01***  |  |
|   |  |
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|   |  |
| I hereby certify than the information above is true and complete to the best of my knowledge and belief.  |  |
| and complete to the best of my knowledge and belief.  |  |
| SIGNATURE / Chy lucus for L M Sander TITLE SUPERVISOR, REG./1   | Thom   |
| Type or print name L. M. SANDERS  | PROR DATE1/23/02   |
|   | Telephone No. (915) 368-1488   |
| PAUL F. KA  | UT7  |
| APPROVED BY   |  |
| , and approved, it ally:  | GINEER DATE 1 8 2002   |