Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

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

Form C-103 Revised 1-1-89

District Office	•	•	Vermen 1-1-0>	
DISTRICT I	OIL CONSERVATIO	DIVISION		
P.O. Box 1980, Hobbs NM 88240	P.O. Box 208	IWELLAPIN	NO. 30-025-02844	
DISTRICT II	Santa Fe, New Mexico	37504-2088 5. Indicate 3	30-023-02844 Type of Lease	
P.O. Drawer DD, Artesia, NM 88210		J. 21.11410 1	STATE X FEE	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		6. State Oil	& Gas Lease No.	
			9-4	
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"			me or Unit Agreement Name	
(FORM C-101) FOR SUCH PROPOSALS.)			CUUM GB/SA UNIT	
1. Type of Well:		TRACT 2	•	
OIL GAS WELL WELL	OTHER	110.0. 2		
2. Name of Operator				
Phillips Petroleum Company				
3. Address of Operator		<del></del>	9. Pool name or Wildcat	
4001 Penbrook Street, Odessa, TX 79762			M GB/SA	
4. Well Location	O NORTH	000	UECT	
Unit Letter D: 990	O Feet From The NORTH	Line and 990 Feet	t From The WEST Line	
Service 20	m	25 5 Name	154	
Section 20	Township 17 S Ra		LEA County	
	3984.6'			
11. Check A	ppropriate Box to Indicate	lature of Notice. Report.	or Other Data	
	NTENTION TO:	· · ·	NT REPORT OF:	
		30532432	MI MEI OM I OI .	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARII V ARAMIDONI	CHANCE DI ANG	COMMENCE PRIME INC. OFFICE	THE AND ABANDONING THE	
TEMPORARILY ABANDON	CHANGE PLANS L	COMMENCE DRILLING OPNS. L	PLUG AND ABANDONMENT	
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB L		
OTHER: REACTIVATE OR TA.	[X]	OTHER:	П	
THER.		OTHER:		
2. RIH W/SAND PUMP AND INTERVAL. 3. SWAB TEST WELL THROUSTEP 7. 4. RIH W/PKR TO 50' AND CSG INTEGRITY. 5. ACIDIZE PERFS OR ON COOH, ND BOP, RD DE TOOH W/PKR. RIH W/C	BOVE TOP PERF OR OPENHOL	E PRODUCTIVITY. IF SHO E INTERVAL. SET PKR AN ERCHECK 15% HCL ACID. TO STEP 7. IF DECISION TION PROCEDURE. F PERF OR OPENHOLE INTI	E TOP PERF OR OPENHOLE  OWS ARE GOOD, PROCEED TO  ND LOAD BACKSIDE TO VERI	
I hereby certify that the information above is SIGNATURE	true and complete to the best of my knowledge	and belief.  SUPERVISOR, REG. AFFA	IRS DATE 3/24/95	
TYPE OR PRINT NAME   M. SANDE			TELEPHONE NO.915/368-1488	
			311/300-1400	
(This space for State Use) ORIGINAL SI	GNED BY JERRY SEXTON			
DISTR	RICT I SUPERVISOR		MAR 2 9 1995	
APPROVED BY		2	DATE 1187 6 9 1993	

VED

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JAPACE

MERCE OF THE STATE OF THE STATE