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SANTA FE

FILE

U.S.G.S.

LAND OFFICE

OPERATOR

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease: State [X] Fee [ ]

5. State Oil & Gas Lease No.: B-2388

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.)

1. OIL WELL [ ] GAS WELL [ ] OTHER- **Water injection**

7. Unit Agreement Name: --

2. Name of Operator: **Phillips Petroleum Company**

8. Farm or Lease Name: **Santa Fe**

3. Address of Operator: **Room 806, Phillips Bldg., Odessa, TX 79761**

9. Well No.: **14**

4. Location of Well: UNIT LETTER **P** . **660** FEET FROM THE **south** LINE AND **660** FEET FROM THE **east** LINE, SECTION **20** TOWNSHIP **17-S** RANGE **35-E** NMPM.

10. Field and Pool, or Wildcat: **Vacuum Gb/San Andres**

15. Elevation (Show whether DF, RT, GR, etc.): **3980' RKB**

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 [X]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
OTHER [ ]		OTHER [ ]	

17. 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.

10-7-76: MI Johnson unit, pld 2-3/8" cmt lined tbg. Cleaned out 4195-4665' w/sand pump. Reran tbg w/Johnson 101-5 pkr set on bottom at 4109. Released Johnson unit.

10-8-76: Injected water at 435 BWPD under vacuum.

10-9-76: Injected 427 BW under vacuum.

Well returned to shut in status.

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

SIGNED W. J. Mueller TITLE Engineering Advisor DATE 10-5-77

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: