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NEW MEXICO OIL CONSERVATION COMMISSION

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

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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

1. Name of Operator
Phillips Petroleum Company

2. Address of Operator
Phillips Bldg., Odessa, Texas

3. Location of Well
UNIT LETTER H 1976 FEET FROM THE North LINE AND 660 FEET FROM
THE east LINE, SECTION 29 TOWNSHIP 17-S RANGE 35-E N.M.P.M.

4. Elevation (Shine whether DF, RT, GR, etc.)
3964' GL

5a. Indicate Type of Lease
State ☒ Fee ☐

5. State Oil & Gas Lease No.
B-2131

7. Unit Agreement Name

8. Farm or Lease Name
Santa Fe, Btry. 4

9. Well No.
50

10. Field and Pool, or Willcat
Vacuum (GB-SA)

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 <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <u>Status report</u> <input checked="" type="checkbox"/>

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.

Well shut in 9-1-69, uneconomical to operate. Will be held for possible use in secondary recovery. Status remains the same; request extension.

Expires 11/1/76

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

Signed W. J. Muellen TITLE Engineering Advisor DATE 12-8-75

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: