

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION

2040 South Pacheco
Santa Fe, NM 87505

Form C-103

Revised March 25, 1999

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. Type of Well:

Oil Well ☒ Gas Well ☐ Other ☐

2. Name of Operator

Phillips Petroleum Company

3. Address of Operator

4001 Penbrook Street Odessa, TX 79762

4. Well Location

Unit Letter N : 660 feet from the SOUTH line and 1980 feet from the WEST line

Section 29 Township 17S Range 35E NMPM County LEA

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3969' GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: FLOW UP BRADEN HEAD, & TA WELL ☒

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

3/27/01 MI RU HES. RUN CEMENT BOND LOG & CSG INSPECTION LOG. GIH W/PERFORATING GUN & SHOOT 4 HOLES IN CSG @ 1550'. COOH W/PERFORATING GUN. RD MO HES.

4/11/01 MI RU HES. RU CEMENT HEAD. PUMP 350 SKS PLUS 2% CC. NO CEMENT TO SURFACE. RD MO HES.

4/12/01 RD CEMENT HEAD. COMPLETE DROP FROM REPORT.

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

SIGNATURE L.M. Sanders TITLE SUPV., REGULATION/PRORATION DATE 05/02/01

Type or print name L.M. SANDERS

Telephone No. 915/368-1488

(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any:

Mailed Out 4/7/01 SL

