CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico n _____, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office		a nacourea Department		Revised 1-1-89
DISTRICT! P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVAT		WTH AND	
P.O. Box 2088			WELL API NO.	2002
P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088			30-025-0	
DISTRICT III			CLEASE STATE X FEE	
1000 Rio Brazos Rd., Aztec, NM 87410			6 Sute Oil & Gas	
			B-2519	
SUNDRY NOT	ICES AND REPORTS ON	WELLS	V/////////	
(DO NOT USE THIS FORM FOR PR	OPOSALS TO DRILL OR TO DEE RVOIR. USE "APPLICATION FOR	PEN OR PLUG BACK TO A	7. Lease Name or	Unit Agreement Name
(FORM C	-101) FOR SUCH PROPOSALS.)	RPERMIT"	·· · · · · · · · · · · · · · · · · · ·	our Africancor lams
1. Type of Weil:			_	
OL GAS WELL	O771#28		Vacuum A	bo Unit
2. Name of Operator			 	
Phillips Petroleum	Company			4, Tract 3 6-F
3. Address of Operator			Well #61	
4001 Penbrook Stre	et Odessa Taxas		9. Pool name or W	
4. Well Location	ee, odessa, rekas		L Tacuum A	<u>bo Reef</u>
Unit Letter _G : 208	0 Feet From The North	Line and 2080)	East
İ			Feet From	The Line
Section 34	Township 17-S		NMPM L	ea County
	(/////	ther DF, RKB, RT, GR, etc.)		
II. Check	2////	3939' RKB		<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>
the Check	Appropriate Box to Indica	te Nature of Notice, R	eport, or Other	Data
NOTICE OF INT	ENTION TO:	SUE	SEQUENT R	FPORT OF
PERFORM REMEDIAL WORK	PLUG AND ABANDON	¬ 1		_
TEMPORARILY ABANDON		AEMEDIAL WORK	<u></u>	ALTERING CASING
TEME OFFICE ABANDON	CHANGE PLANS	COMMENCE DRILLING	GOPINS. 🔲 1	PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CI	_	
OTHER: Temporarily aban	don	_ /		۲
12. Describe Proposed or Completed Operat		_		
 Describe Proposed or Completed Operational SEE RULE 1103. 	tous (clearly state all perionent details	t, and give pertinent dates, inclu	dung estimated date of	starting any proposed
MI AND RU DDU. CO	OH WITH RODS. INSTA	LL BOP. COOH WIT	TH TUBING. 1	RIH WITH PACKER
AND RBP ON N-80 WO	RKSTRING. SWAB TEST	EACH ZONE. COOH	W/TUBING, PA	ACKER AND RBP.
RIH WITH CIBP ON W	ORKSTRING. SET CIBE	NO MORE THAN 100	ABOVE TOP	PERFORATION.
FILL CASING WITH I	NHIBITED BRINE, AND	TEST TO 500 PSI.	COOH.	
				14 13.5
			ed for he c	-17-33
I hereby comfy that the information about the		#1 To 2 to 1, 127.		
I hereby certify that the information above is true	and complete to the best of my knowledge	and belief.		
SIGNATURE	ander	me Supervisor Reg	/Proration	12-3-91
				- DAIE
TYPE OR FRINT NAME L.M. Sand	ers			(915) TELEPHONE NO. 368-1488
(This space for State Use)				
Or a will see out	E a a a a a a a a a a a a a a a a a a a			
APPROVED BY				,
		mue ——————		- DATE