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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 ☒ Fee ☐
5. State Oil & Gas Lease No. B2317
7. Unit Agreement Name
8. Farm or Lease Name M. E. Hale
9. Well No. 9
10. Field and Pool, or With out Vacuum (Glorieta)
12. County Lea

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DAPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐
2. Name of Operator Phillips Petroleum Company
3. Address of Operator Room 806, Phillips Building, Odessa, Texas 79761
4. Location of Well UNIT LETTER J 1980 FEET FROM THE South LINE AND 1785 FEET FROM THE East LINE, SECTION 35 TOWNSHIP 17-S RANGE 34-E N.M.P.M.
5. Elevation (Show whether DE, RT, GR, etc.) 4013 G.L.

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 ☐	OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐	ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDON WELLS ☐
CASING TEST AND CEMENT JOBS ☒	and OTHER location of casing valves for future use. ☒

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.

Sur. 13-3/8" South side of wellhead - 1" riser - 1" high press valve.
Int. - 9-5/8" North side of wellhead - 1" riser - 1" high press valve.
Prod. - 7" East side of wellhead - 1" riser - 1" high press valve.

Note: this well is temporarily abandoned.

Casing test run March 18, 1976, witnessed by NMOC (N. E. Klegg)

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

SIGNED L. L. Frantz TITLE Associate Mechanical Production DATE April 28, 1976
Field Foreman

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____