

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.  
30-025-20864

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
B-1527

**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 I : 2080 Feet From The South Line and 660 Feet From The East Line  
Section 31 Township 17S Range 35E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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 ☐  
OTHER: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: Casing Integrity Test ☒

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.

06-29-94 - RU. COOH with rods and pump.

06-30-94 - COOH w/production tbg. GIH w/2-3/8" prod. tbg. and 5-1/2" pkr. Pkr. set at 6000'. Run casing integrity test. Pressure casing to 500#. Held O.K. COOH with pkr.

07-01-94 - GIH with SN, 5 jts. 2-3/8" tbg., 5-1/2" anchor and remainder of tbg. Total tbg. 195 jts. SN set at 6078' and anchor set at 5923'. GIH with 2"x1-1/2"x22' pump, and 242-3/4" rods. Hang well on.

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. Regulatory Affairs DATE 07-15-94

TYPE OR PRINT NAME L. M. Sanders

(915)  
TELEPHONE NO. 368-1488

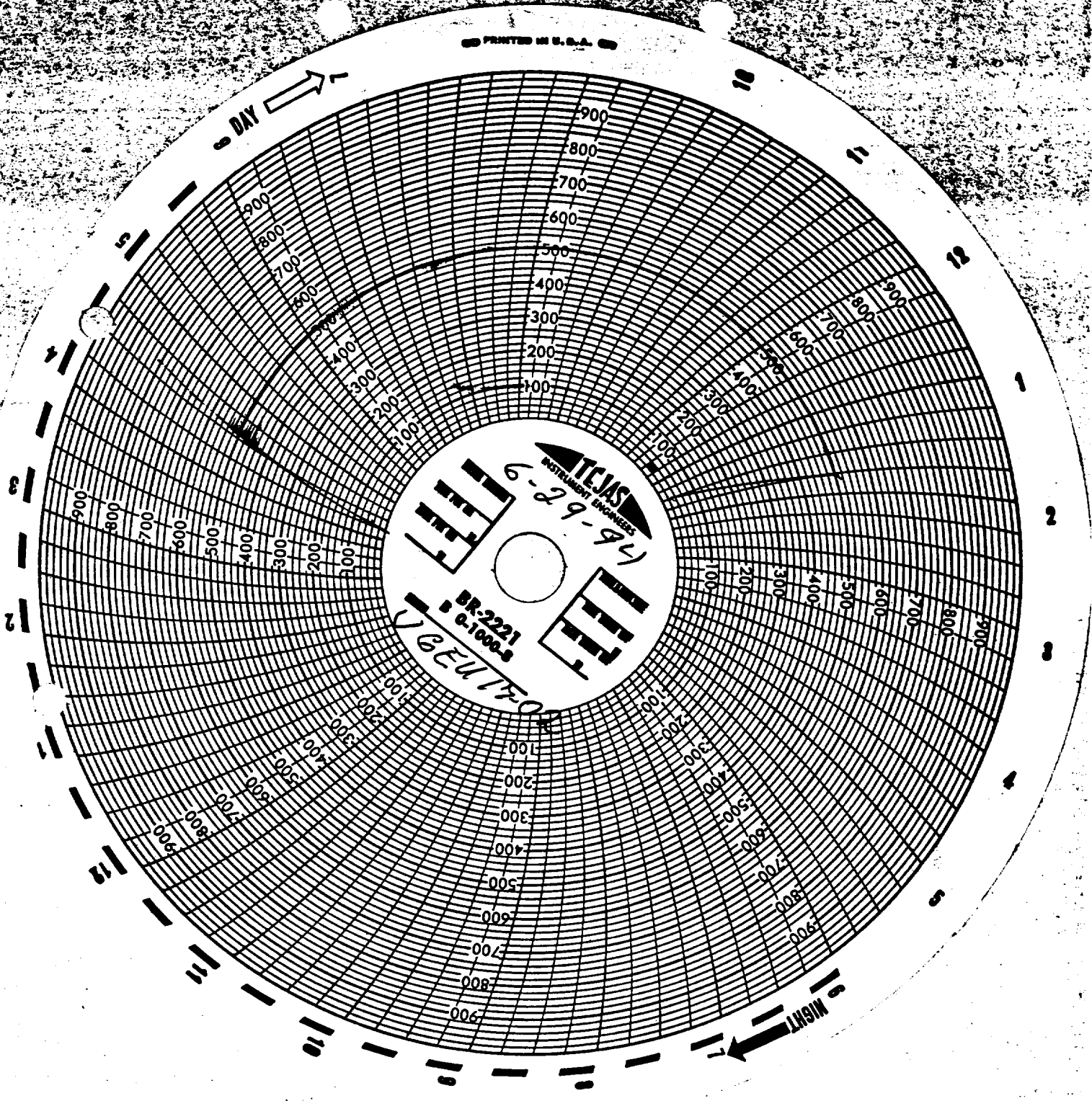
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APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE SEP 12 1994

CONDITIONS OF APPROVAL, IF ANY:

PRINTED IN U.S.A.

DAY



NIGHT