Submit 3 Copies To Appropriate District	State of New		Form C-103			
Office	Energy, Minerals and Natural Resources		Revised March 25, 1999 WELL API NO.			
<u>District I</u> 1625 N. French Dr., Hobbs, NM 87240		TO T DIVIDION	3	0-025-26680		
OIL CONSERVATION DIVISION				5. Indicate Type of Lease		
811 South First, Artesia, NM 87210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505			STAT	STATE X FEE		
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, Niv	VI 87303		& Gas Lease No.		
District IV 2040 South Pacheco, Santa Fe, NM 87505			B-1713-1			
(DO NOT USE THIS FORM FOR PROPO) DIFFERENT RESERVOIR. USE "APPLICA	ES AND REPORTS ON V SALS TO DRILL OR TO DEEP ATION FOR PERMIT" (FORM (FIN OK FLOG BYCK 10 1	4	nme or Unit Agreer	ment Name:	
PROPOSALS.)			1	TRACT 3333		
1. Type of Well: Oil Well Gas Well Other WATER INJECTION			TRACT 3333			
On won E			8. Well No	8. Well No.		
2. Name of Operator Phillips Petroleum Company			005	005		
3. Address of Operator				ne or Wildcat		
4001 Penbrook Street Odessa.	TX 79762		VACUUM GRA	ayburg/san andri	<u> </u>	
4. Well Location						
	1440feet from the	NORTH line and	2550	feet from the	WEST line	
Section 33	Township 17S	Range 35E	NMPM	County	LEA	
Section 33.	10. Elevation (Show whe	ther DR, RKB, RT, GI	₹, etc.)			
		3944' GL				
11 Check A	ppropriate Box to Indi	cate Nature of Noti	ice, Report, or	Other Data		
NOTICE OF INTE		s	UBSEQUEN	T REPORT O	F:	
	PLUG AND ABANDON	REMEDIAL WOR			NG CASING	
PERFORM REMEDIAL WORK TEMPORARILY ABANDON	CHANGE PLANS COMMENCE DRIL			PLUG A	ND ONMENT	
		CASING TEST	ZNID		CIVILIVI	
PULL OR ALTER CASING	MULTIPLE COMPLETION	CEMENT JOB	1140	_		
OTHER: CK WH ASSY, TST CSG, I	SOLATE, REPAIR LEAK	OTHER:				
12. Describe Proposed or Complete of starting any proposed work). or recompilation. 09/19/00 DUE T/BRADENHEA	ed Operations (Clearly state SEE RULE 1103. For Mu D FAILURE, WILL CHECK	utiple Completions. A	uacii wenoore ui	agidin of proposed	, , , , , , , , , , , , , , , , , , , 	
LEAK.	D MILONE, WILL ONCO.					
I hereby certify that the information above	rais true and complete to the I	pest of my knowledge and	l belief.			
I hereby certify that the information abov	e is true and complete to the L					
SIGNATURE ALL	to for	TITLE REG. PRORAT	<u> </u>	TDATE_	12/08/00	
Type or print name LARRY M. SAND	DERS //			Telephone No.	915/368-148	
(This space for State use)					F() 11.	
APPROVED BY				ከለጥሮ 🚟	C. A. C.	
ALL INO ADD D		_ TITLE		DATE	(6.) (8.)	
Conditions of approval, if any:		_ TITLE	**	DATE	ec.s a i	