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CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico erals and Natural Resou

Form C-103

OTHER WATER INJECTION 2. Name of Operator 2. Name of Operator 3. Well No. O13 3. Address of Operator 4. Well Location Unit Letter P: 1300 Feet From The SOUTH Line and 150 Feet From The EAST Line Section 32 Township 17-S Range 35-E NMPM LEA County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3953' GL 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: ERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING EMPORARILY ABANDON CHANGE PLANS CASING TEST AND CEMENT JOB	to Appropriate District Office	Energy, Minerals and Natu	irai Resources Department	Revised 1-1-89
Santa Fe, NM 87505 Santa F	DISTRICT I	_		
STATE	DISTRICT II	2010100		
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SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROCOSALS TO DAILL OR TO DESPEN OR PLUS BACK TO A DIFFERENT RESERVORR. USE "APPLICATION FOR PERMIT" (FORM—101) FOR SUCH PROPOSALS.) Type of Well: OTHER MATER INJECTION 8. Well No. 113 Address of Operator 111115P PETRO I&UN COMDRIV 101 IAUNA AND RES 11 IAUNA AND RES 12 IAUNA AND RES 12 IAUNA AND RES 12 IAUNA AND RES 13 IAUNA AND RES 14 IAUNA AND RES 15 IAUNA AND RES 15 IAUNA AND RES 16 IAUNA AND RES 16 IAUNA AND RES 17 IAUNA AND RES 18 IAUNA AN				6. State Oil & Gas Lease No.
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Phillips Petroleum Company 9.13 3. Address of Operator 9. Peod name or Wildest 1. Address of Operator 9. Peod name or Wildest 1. Address of Operator 9. Peod name or Wildest 1. Add 1	WELL WELL.	OTHER WA	TER INJECTION	
9. Pool name or Wildest WOI Peribrook Street Odessa, TX 79762 4. Woll Location Unit Letter P: 1300 Feet From The SOUTH Line and 150 Feet From The EAST Line Section 32 Township 17-S Range 35-E NMPM LEA County 10. Elevation (Show whether DF, IKER, RT, CR, etc.) 3953' G. 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: ERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONNIETT ULL OR ALTER CASING OTHER: READ ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONNIETT ULL OR ALTER CASING OTHER: RE2AIR TUBING/CASING LEAK 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. 01/09/98 RAN CHART AFTER TUBING LEAK AND CASING REPAIRS PERFORMED AND EVERYTHING RETURNED TO ORIGINAL DESCRIPTION OF THE RESULT				
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I hereby certify that the information above is true and complete to the begraf my knowledge and belief. The or frint name Larry M. Sanders THE Senior Regulation Analyst THE Senior Regulation Analyst THE SENIOR REPAIRS PERFORMED AND EVERYTHING RETURNED TO ORIGINAL DISTRICT I SUPERVISOR	THER:		OTHER: REPAIR TU	BING/CASING LEAK
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