Submit 3 Copies to Appropriate

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office		•		ACVISCU )	1-1-07
DISTRICT I P.O. Box 1980, Hobbs NM 88240	OIL CONSERVATI		WELL API NO.	<del></del> :	
DISTRICT II	P.O. Box 2088 Santa Fe, New Mexico 87504-2088		30-025-27337 5. Indicate Type of Lease		
P.O. Drawer DD, Artesia, NM 88210 DISTRICT III			J. Indicate Type of	STATE X	FEE 🗆
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas	Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS			B-1404-2		
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR, USE "APPLICATION FOR PERMIT"			7. Lease Name or Unit Agreement Name		
(FORM C-	101) FOR SUCH PROPOSALS.)		7	1 GB/SA UNIT	
OIL GAS WELL	OTHER WAT	ER INJECTION	TRACT 2416		
2. Name of Operator			8. Well No.		
Phillips Petroleum Company  3. Address of Operator			9. Pool name or Wildcat		
4001 Penbrook Street, Oc	lessa, TX 79762			AYBURG/SAN /	ANDRES
4. Well Location Unit Letter I: 1350	Feet From The SOUT	H Line and 1	50 Feet From	The EAST	Line
Section 24	Township 17 S	Range 34 E	NMPM	LEA	County
	10. Elevation (Show who	ether DF, RKB, RT, GR, et 3990.7° GR	c.)		
11. Check An	propriate Box to Indicat		Report or O	<i>Y////////////////////////////////////</i>	
NOTICE OF IN		l l	SEQUENT		F:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	X	ALTERING CASING	Г
TEMPORARILY ABANDON	CHANGE PLANS	1			
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CE		PLUG AND ABANDO	NMENT L_
		1	EMENIJOB [_]		
OTHER:		OTHER:			L
<ol> <li>Describe Proposed or Completed Oper work) SEE RULE 1103.</li> </ol>	ations (Clearly state all pertinent	details, and give pertinent da	ites, including estima	ted date of starting a	my proposed
12/23/94 NU BOP. PULL NOT HOLD. RUN FLANGE HEAD UP	WELL FOR TBG LEAK, F I CIBP AND SET AT 409 P WELLHEAD. RDMO DDU	06'. TEST TO 100	O# FOR 30 MI		ES, WOULD I LD TBG.
		This Approva Abandonment	l of Tempore Expires	1-/-	97
I hereby certify that the information above is to		•			
SIGNATURE	reller	TITLE SUPERVISOR,	REG. AFFAIRS	DATE _01/09,	/95
TYPE OR PRINT NAME   M. SANDER	<u> </u>			ELEPHONE NO.915/3	368-148 <u>8</u>
	GNED BY JERRY SEXTON ICT I <b>SUPERVISO</b> R				2 1995
APPROVED BY		TITLE		DATE	
CONDITIONS OF APPROVAL, IF ANY:					

## RECEIVED

JAN 1 1 1835 OCD HUBBS OFFICE

