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

OIL CONSERVATION DIVISION P.O. Box 2088

WELL API NO. 30-025-27425

30	-025-27425	
5.	Indicate Type of Lease	

DISTRICT II P.O. Drawer DD, Artesia, NM \$8210	STATE X FEE			
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	6. State Oil & Gas Leese No. B-1398-5			
SUNDRY NOTICES AND REPORTS ON WE (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPE DIFFERENT RESERVOIR. USE "APPLICATION FOR PI (FORM C-101) FOR SUCH PROPOSALS.)	N OR PLOG BACK TO A 7. Lease Name or Unit Agreement Name			
1. Type of Well: ORL GAS WELL X WELL OTHER	Tract 2109			
2 Name of Operator Phillips Petroleum Company	8. Well No. 002			
3. Address of Operator 4001 Penbrook Street, Odessa, TX 79762	9. Pool same or Wildcat Vacuum Gb/SA			
4. Well Location	Line and 660 Feet From The East Line			
21 Tanadia 17-S Range 35-E NMPM Lea County				
Section 21 10 Show whather DF, RRB, RT, GR, etc.) 3942.7' GR				
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK ALTERING CASING			
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT				
PULL OR ALTER CASING	CASING TEST AND CEMENT JOB			
OTHER: Swab Test				
 Describe Proposed or Completed Operations (Clearly state all perimens details, and give perimens dates, including estimated date of starting any proposed work) SEE RULE 1103. MIRU DDU. COOH LD rods (if applicable). NU BOP. Release TAC and COOH with production tubing (if applicable). RIH with casing scraper to +/- 50' above top perforation or openhole interval. RIH with packer to +/- 50' above top perforation or openhole interval. Set packer and load backside to verify casing integrity. Swab test well for 1 day. If decision is made to TA, go to Step 5. COOH, ND BOP, RD DDU, and wait on reactivation procedure. COOH with packer. RIH with CIBP on workstring. Set CIBP within 100' of perforated or openhole interval. Fill casing with inhibited fluid containing 1% TH-370 by volume. COOH w/tubing. Pressure test to 500 psi and record chart. ND BOP. RD DDU. 				
1 hereby certify that the information above is true and complete to the best of my knowledge and belief. Supv. Regulatory Affairs DATE 105-19-94				
activities — — — — — — — — — — — — — — — — — — —	(915) TRIZITIONE NO. 368-1488			
TYPE OR FRINT NAME L. M. Sanders (This space for State Use)	ORIGINAL SUBSECTION OF BOTH SUXTON			

TILE -

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY-

MAY 80 1994

OFFICE