Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 **Revised 1-1-89**

OIL CONSERVATION DIVISION

WELL API NO. 30-025-27986	······································
5. Indicate Type of Lease STATE X	FEE

1.0. Bux 1760, NUOUS, NW1 60240	P.O. Box 2088		30-025-27986		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico	87504-2088	5. Indicate Type of Lease		
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410			STATE X FEE 6. State Oil & Gas Lease No. B-4118		
(DO NOT USE THIS FORM FOR PROPOS DIFFERENT RESERVOII (FORM C-101)	AND REPORTS ON WEL LALS TO DRILL OR TO DEEPEN R. USE "APPLICATION FOR PEI FOR SUCH PROPOSALS.)	OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name		
1. Type of Well: OIL GAS WELL X WELL	OTHER		Lea		
2. Name of Operator Phillips Petroleum Com	mpany		8. Well No. 28		
3. Address of Operator 4001 Penbrook Street			9. Pool name or Wildcat Undesignated Queen		
4. Well Location Unit LetterD :660	Feet From TheNorth	Line and 660	Feet From The West Line		
Section 19	Township 17-S Ra	nge 34-E	NMPM Lea County		
	10. Elevation (Show whether 4120.8' GR				
11. Check App	ropriate Box to Indicate I	Nature of Notice, Re	eport, or Other Data		
NOTICE OF INTEN			SEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING		
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. $^{\prime}\square$ Plug and abandonment \square		
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB		
OTHER: Added Perfs, Acidiz	ed & TA'd	OTHER:			
 Describe Proposed or Completed Operations work) SEE RULE 1103. 	Clearly state all pertinent details, an	d give pertinent dates, includ	ling estimated date of starting any proposed		
GIH w/Bit and to 4300'.	Scraper to 4775'	COOH. GIH W	OP. COOH w/2-3/8" Prod. Tbg /4-1/2" RBP and pkr on tbg		
sand. Circ. (3822'-3830')	Spot: 500 gals 10% (3834'-3840') 2SP	MSA. COOH $w/$ F $w/3-1/2$ " Gur	1000#Held. Circ. 2 sks. /tbg. & pkr. MIRU. Perf. ns w/12.5 gram charge.		
6-03-93 - MIRU to acidiz 6-04-93 - GIH Circ. hol 6-05-93 - ND BOP -LD roo	e. Test lines to e clean. PU plug	4000#. Pump . COOH LD pki	1,000 gals. 15% HCL. Swab.		

	/		$^{\prime}1$					
I hereby certify that the	information	above is true and comple	4	to the best of my knowledge and b	belief.			
SIGNATURE			_	1 /		Regulatory	Affairs	06-10-93
TYPE OR PROVI NAME	L/ N	1. Sanders	7				TELEP	50 NO. 368-1488
- / /				/ <u></u>				

TITLE -

AFTROVED BY-

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

CONDITIONS OF APPROVAL, IF ANY:

JUN 17 1993