

Submit 3 Copies
to Appropriate
District Office

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 88241-1980

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-28061
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-2317
7. Lease Name or Unit Agreement Name STATE 35 UNIT
8. Well No. 29
9. Pool name or Wildcat VACUUM GB/SA
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4003.8' GR/4013' DF

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:
OIL WELL ☐ GAS WELL ☐ OTHER **WATER INJECTION**

2. Name of Operator
Phillips Petroleum Company

3. Address of Operator
4001 Penbrook Street Odessa, TX 79762

4. Well Location
Unit Letter **I** : **1410** Feet From The **SOUTH** Line and **10** Feet From The **EAST** Line
Section **35** Township **17-S** Range **34-E** NMPM **LEA** County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: CONVERT WELL TO CO2/WATER INJECTOR <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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.

-FLOW-BACK WELL TO RELIEVE PRESSURE.
-ENSURE WELL IS DEAD.
-MIRU DDU. NU SHOP TESTED BOP.
-PULL TUBING AND DOWNHOLE EQUIPMENT
-GIH W/TBG & SET RBP AT APPROX. 1500'. LOAD HOLE W/BRINE & PRESSURE UP TO 500 PSI
TO CHECK FOR LEAKS. OBSERVE WELL FOR 30 MIN. TO ENSURE NO FLOW.
-ND BOP. REMOVE EXISTING WELLHEAD & INSTALL NEW WELLHEAD & EQUIPMENT.
-NU BOP. TEST TUBING HEAD AND CASING CONNECTION TO 500 PSI.
-RIH AND RETRIEVE RBP.
-RIH AND CHECK FOR FILL OR SCALE. CLEAN OUT TO 4700' IF NECESSARY.
-RIH W/ NEW INJECTION STRING. SET PACKER AT APPROX. 4220'.
-LOAD ANNULUS W/10# BRINE CONTAINING 1.5% UNICHEM TH-370.-RETURN WELL TO INJECTION.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Larry M. Sanders TITLE SUPV. REGULATION/PRORATION DATE 07/21/98
TYPE OR PRINT NAME Larry M. Sanders TELEPHONE NO. (915) 368-1488

(This space for State Use)

APPROVED BY LARRY M. SANDERS TITLE SUPV. REGULATION/PRORATION DATE 07/24/1998
CONDITIONS OF APPROVAL, IF ANY: