Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office			
DISTRICT I P.O. Box 1980, Hobbs NM 88240	OIL CONSERVATION		WELL API NO.
DISTRICT II	Santa Fe. New Mexico 87504-2088		30-025-28059 5. Indicate Type of Lease
P.O. Drawer DD, Artesia, NM 88210			STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No. B-2317
SUNDRY NOTICES AND REPORTS ON WELLS			
(DO NOT USE THIS FORM FOR PEOPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			7. Lease Name or Unit Agreement Name STATE 35 UNIT
1. Type of Well: OIL GAS WELL WELL	OTHER INJECT	rion	
2. Name of Operator			8. Well No.
Phillips Petroleum Company			9. Pool name or Wildcat
3. Address of Operator 4001 Penbrook Street, Odessa, TX 79762			VACUUM GRAYBURG/SAN ANDRES
4. Well Location Unit Letter J: 263		Line and 133	
Section 35	Township 17-S Ran 10. Elevation (Show whether	nge 35-E r DF, RKB, RT, GR, etc. 4010'GR	NMPM LEA County
11. Check A	ppropriate Box to Indicate I		Report, or Other Data
	NTENTION TO:	1	SEQUENT 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 CEI	רייז
OTHER:		OTHER: CONVERT	TO WAG SERVICE F/CO2 PROJECT [X]
work) SEE RULE 1103. 10/03/96 MIRU LUCKY W	S NUBOP. REL LOCK-SET PK	R COOH W/TBG, 1	es, including estimated date of starting any proposed TRIP CSG SCRAPER T/TD 4725' SDON
10/06/96 BLEED PRESS	OFF GIH W/RBP T/2500', S	SET RBP, COOH W/	TBG, CHG OUT WH, INSTALL CO2 WE
10/07/96 PU LOCK-SET	UT W/TBG WHEN DDU BROKE INJ PKR, GIH W/NEW IPC T	BG, TSTG T/5000	D#, SET PKR @ 4300' IN
COMPRESSION, PULLING UNIT		m/1.5% IM-5/U,	RUN 30 MIN CHART, 500#, OK, RD
10/08/96 24 HR, 1500 TBG PRESS 2957 BBL INJ.			
10/09/96 24 HR, 1479 TBG PRESS 3026 BBL INJ. 10/10/96 24 HR, 1350 TBG PRESS 2610 BBL INJ.			
10/10/96 24 HR, 1350	COMPLETE DROP FROM REP	PORT	
I hereby certify that the information above is	true and complete to the best of my knowledge	and belief.	
SIGNATURE AMELIAN	ton) for mi	E <u>Senior Regula</u>	tion Analyst DATE 10/14/96
TYPE OR PRINT NAME TYPE OR PRINT NAME	nders		TELEPHONE NO. (915) 368-1488
	IIWELS		
(This space for State Use)			
ADDROUGT BY	TITE	Æ	DATE