

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 88240

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

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-025-30506

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B-1608

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 ☐

2. Name of Operator
Phillips Petroleum Company

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

4. Well Location
Unit Letter B : 330 Feet From The North Line and 2310 Feet From The East Line
Section 33 Township 17-S Range 35-E NMPM Lea County

10. Elevation (Show whether DF, RRB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Ran Casing Integrity Test ☒

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.

08-23-94 - RU/RD Tubing - Run/Pull. COOH w/rods and pump. Install BOP. COOH with production tubing.
08-24-94 - GIH w/pkr. and set at 6041'. Test casing to 500#. Held OK. COOH w/pkr. GIH w/195 jts. 2-3/8" tubing. SN set at 6106'. Anchor set at 5887'. GIH w/2 x 1-1/4" x 22' pump. 57 7/8" and 70 3/4" and 115 5/8" rods. Hang well on. RD MO DDU.

*Request to
SC 9-8-94
to chng well
to 001.
B*

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

SIGNATURE L. M. Sanders TITLE Supv. Regulatory Affairs DATE 08-26-94

TYPE OR PRINT NAME L. M. Sanders

(915)
TELEPHONE NO. 368-1488

(This space for State Use) ORIGINAL COPIES OF THIS REPORT
DISTRICT I SUPERVISOR

SEP 06 1994

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:


GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

UGEU 22-01
8/23/84
BR 2221

