

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-C25-31190
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. None
7. Lease Name or Unit Agreement Name Kimbrough
8. Well No. 3
9. Prod name or Wildcat Lovington (Paddock)

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator PHILLIPS PETROLEUM COMPANY
3. Address of Operator 4001 Penbrook St., Odessa, TX 79762
4. Well Location Unit Letter <u>E</u> : <u>660</u> Feet From The <u>West</u> Line and <u>1830</u> Feet From The <u>North</u> Line Section <u>7</u> Township <u>17-S</u> Range <u>37-E</u> NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3806.3' GL (unprepared)

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: AMEND TOTAL DEPTH ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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.

Phillips Petroleum Company request permission to amend the permitted total depth for the Kimbrough Well No. 3 from 6250' to 6500'.

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

SIGNATURE L.M. Sanders TITLE Supervisor, Regulation & Proration DATE 4/4/91
TYPE OR PRINT NAME L. M. Sanders (915) 368-1411 TELEPHONE NO.

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE APR 6 1991

CONDITIONS OF APPROVAL, IF ANY: