Submit 3 Copies to Appropriate

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	ONSERVATION		WELL API NO.		
•	P.O. Box 2088 Santa Fe, New Mexico 87504-2088		30-025-32333		
P.O. Drawer DD, Artesia, NM 88210	Sainta 1 C, 14CW MICKES 6	7504-2000	5. Indicate Type of	of Lease STATE X	FEE 🗆
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Ga NM-01522	s Lease No.	
SUNDRY NOTICES AND	REPORTS ON WELL:	S			
(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.)			7. Lease Name or Unit Agreement Name SANTA FE		
1. Type of Well: OIL GAS WELL X WELL	OTHER				
2. Name of Operator			8. Well No.		
Phillips Petroleum Company 3. Address of Operator		· · · · · · · · · · · · · · · · · · ·	9. Pool name or V	Vildeet	
4001 Penbrook Street, Odessa,	TX 79762		VACUUM D		
4. Well Location Unit Letter 0 : 435 Feet Fr	rom The SOUTH	Line and19:	30 Feet From	m The EAST	Line
Section 31 Towns	hip 17–S Rang	e 35−E	NMPM	LEA	County
	10. Elevation (Show whether	DF, RKB, RT, GR, etc	·.)	<u> Viiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii</u>	
11. Check Annroprise	te Box to Indicate N	3968' GL	Donort or C	VIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	
NOTICE OF INTENT	1		• •	REPORT OF	' -
NOTICE OF INTENT	ON TO.	306	SEQUEN I	NEPON I OF	<u>.</u>
PERFORM REMEDIAL WORK L PLUG	AND ABANDON	REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON CHAN	NGE PLANS	COMMENCE DRILLING	OPNS.	PLUG AND ABANDON	IMENT [
PULL OR ALTER CASING	,	CASING TEST AND CE	MENT JOB		
		OTHER: INSTALL			Г
OTHER:		OTHER: INSTALL	BEAM ONTI		L
 Describe Proposed or Completed Operations (Ckwork) SEE RULE 1103. 	early state all pertinent detail	s, and give pertinent dat	tes, including estima	ated date of starting any	y proposed
06/25/95 MIRU DDU, RU PUMP TR	UCK, KILL WELL, (OOH W/TBG & PI	KR, RU SAND	PUMP/BAILER,	GIH TA
FILL 0 8000', PBTD 8					
06/26/95 KILL WELL, ND BOPE, 06/30/95 24 HR TEST RESULTS,	RUN RODS & PUMP,	RD DDU, WELL I	HEAD HOOKED	UP, PUT WELL	ON TES
07/05/95 24 HR TEST, 170 BBL			MCF, IEMP	DRUP FRUM KEPU	жı.
COMPLETE DROP FROM R		., _, _,			
		·			
I hereby certify that the information above is true and comple	ete to the best of my knowledge a	nd belief.			
SIGNATURE SIMPLEY	O TITLE	REGULATION SP	ECIALIST	DATE <u>07/26/</u>	95
TYPE OR PRINT NAME MSANDERS				TELEPHONE NO.915/3(58-1488
(This space for State Use)				214/30	
ORIGINAL SIGNAL SIGNAL	ACT & CREATON			_	
APPROVED BY DISTRICT OF STATE				DATE JUL 28	1935