

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.
30-025-34835

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
MC20353

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 J : 1415 Feet From The SOUTH Line and 2140 Feet From The EAST Line
Section 31 Township 17-S Range 35-E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3980' GL

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

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

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.

05/18/00 Drill & Svy. f/4546-4842' (TD). CIRC. TOOH. RU Schlumberger & log well, Platform Express. RD.

05/19/00 TIH, CIRC, ran 109 jts. 5.5" K-55 STC Csg set @ 4842'. FC @ 4795.19'. Cmt csg w/800 sx CL "H" 35/65 POZ + 6% D20 + 5% D44 + .25 PPS D29, 2.14 yield, 12.4 ppg, followed by 150 sx CL "H" 35/65 POZ + 1.5 GPS D600 + .05 GPS M45 + .3% D65 + .5% S1 + .25 D29, 1.02 yield 16.0 ppg. ND. Rel rig @ 1930.

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., REGULATION/PRORATION DATE 06/19/00

TYPE OR PRINT NAME L. M. SANDERS TELEPHONE NO. (915) 368-1488

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: