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NO. OF COPIES RECEIVED	7	Form C-103
DISTRIBUTION		Supersedes Old
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	C-102 and C-103 Effective 1-1-65
FILE		
U.S.G.S.	-	Sa. Indicate Type of Lease
LAND OFFICE		State Fee X
OPERATOR		5. State Oil & Gas Lease No.
O-ERATOR		
SUNE		
USE "APPLIC	CATION FOR PERMIT L' (FORM C-101) FOR SUCH PROPOSALS.)	7. Unit Agreement Name
GIL X GAS WELL	OTHER•	8, Farm or Lease Name
2. Name of Operator	J.R. Phillips "B"	
Atlantic Richfield (9. Well No.	
3. Address of Operator	3. Well No.	
P.O. Box 1710, Hobbs		
4. Location of Well	2310 FEET FROM THE North LINE AND 2310 FEET	10, Field and Pool, or Wildcat Eunice Monument Grayburg San Andres
THE West LINE, SE	CTION 31 TOWNSHIP 19S RANGE 37E	MPM. (
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	3585' GL	Lea
	k Appropriate Box To Indicate Nature of Notice, Report or INTENTION TO: SUBSEQU	Other Data ENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JQB	
	OTHER	
OTHER Cmt squeeze oi intermadiate c	csg.	
17. Describe Proposed or Completed work) SEE RULE 1103.	d Operations (Glearly state all pertinent details, and give pertinent dates, incli	uding estimated date of starting any proposed
Propose to cmt sque	eeze oil flow on $10-3/4$ " intermediate csg in the	e following manner:
1. Rig up, POH w/r	rods, install BOP, POH w/tbg assy.	
2. RIH w/pkr & RBF	P, set BP @ 3600' cap w/5 sx sd. Pressure test	7" csg 0-3600' for leak.
3. Run csg inspect	tion log & CBL. Perf 7" csg @ TOC.	
4. RIH w/FBRC & Cm	nt Retr set approx. 150' above squeeze or csg ho	oles. Cmt squeeze w/
volume as requi	ired. woc. squeeze job & pressure test 7" csg. Check inte	rmediate csg for flow.
5. Drill out cmt s	squeeze job & pressure test / csg. check into	imediate obg for from
6. RO sand off RBF	% POH W/BP.	
7. RIH w/tbg assy	and rods, return to production.	
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	in the second of	Diseas MORK
	THE COMMENTAL TO COMMENTAL HOURS PRIOR TO COMMENTAL	ICHMA MOVICE

1H. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED STATE

TITLE DIST. Drlg. Supt.

DATE 12-18-78

SUPERVISOR DISTRICT I

DATE 17-18-78

TITLE DISTRICT I

DATE 12-18-78

