Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office	OTT CONCERNATION	ON DIVIDING ON			
<u>DISTRICT I</u> P.O. Box 1980, Hobbs NM 88241-1980	OIL CONSERVATION 2040 Pacheco	WELL API NO. 30-025-05778 5. Indicate Type of Lease STATE FEE Y			
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, NM				
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Ga	STATE L	- FEE CAL
SI INIDDV NOT	ICES AND REPORTS ON WEI	LS			
(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 J.R. PHILLIPS A		
1. Type of Well: OIL SWELL SWELL SWELL	OTHER				
2. Name of Operator ARCO Permian			8. Well No.		
3. Address of Operator P.O. Box 1089 Eunice. NM 88231			9. Pool name or Wildcat EUMONT YATES SRO GRBG		
4. Well Location Unit Letter :198	_	Line and 66	O Foot Fro	m The	W Line
Section 31		Range 37E	NMPM	LEA	County
		her DF, RKB, RT, GR, etc	:.)		
	<u> </u>	3578° GR			
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data					
NOTICE OF II	NTENTION TO:	SUE	SEQUENT	REPOR	Τ ΟF :
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CA	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING		PLUG AND A	BANDONMENT L
PULL OR ALTER CASING	—	CASING TEST AND CE	MENT JOB 🗀		_
OTHER:		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.					
TD: 5792' PBD: 3350'	PERFS: 3108-3350'				
10/28/97: RIH W/5-1/2", 15.5# LINER TO 2709. TIE INTO EXISTING LINER AND CHT IN PLACE CIRCULATING CHT TO SURF. DRILL CHT TO 2689".					
11/13/98: PRESS TEST CSG TO 500# FOR 30 MINS. HELD OK. CHART ATTACHED.					
11/17/98: DRILL OUT CI 3297'.	BP @ 2800', CIRC HOLE. RI	H W/2-3/8" TBG. SE	T 0		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIGNATURE Delle A	1.7/ Junes	me Administrative	<u>Assistant</u>	DATE	02/24/98
TYPE OR PRINT NAME Kellie D. Mu	rrish			TELEPHONE NO.	505-394-1649
	SIONED BY WORK				·
APPROVED BY FIREIGN		TITLE		DATE	