NO. OF COPIES RECEIVED	— 1				Form C-103
					Supersedes Old
DISTRIBUTION					C-102 and C-103
SANTA FE		XICO OIL CONS	ERVATION		Effective 1-1-65
FILE					
U.S.G.S.			1.00 -	:, . I	Sa. Indicate Type of Lease State Fee X
LAND OFFICE					
OPERATOR			5. State Oll & Gas Lease No.		
					Fee
(DO NOT USE THIS FORM FOR USE "APPLIC	DRY NOTICES AND PROPOSALS TO DRILL OR TO ATION FOR PERMIT -" (FO	REPORTS ON DEEPEN OR PLUG B DRM C-101) FOR SUC	WELLS	RENT RESERVOIR.	
1.	• • •				7. Unit Agreement Name
OIL X GAS WELL	NONE				
2. Name of Operator		<u> </u>	<u></u>		8. Farm or Lease Name
	J. R. Phillips				
3. Address of Operator					9. Well No.
	5				
4. Location of Well	••••••••••••••••••••••••••••••••••••••	· · · · · · · · · · · · · · · · · · ·			10. Field and Pool, or Wildcat
D	660	North		660 FEET FRO	Monument-Blinebry
UNIT LETTER	FEET FROM	THE	LINE AND	FEET FRO	
West Line sec	TION TO	20-	S	37 - E	
THELINE, SEC	.TION TO	JWNSHIP	RANGE _	NMPN	«,V////////////////////////////////////
	15. Elevat	ion (Show whether	DF, RT, GR, e	etc.)	12. County
		358	3' (D. F.	.)	Lea
	k Appropriate Box	To Indicate N	ature of No	-	
NOTICE OF	INTENTION TO:			SUBSEQUEN	T REPORT OF:
		()		<u></u>	г
PERFORM REMEDIAL WORK	PLUG	AND ABANDON	REMEDIAL WO		ALTERING CASING
TEMPORARILY ABANDON			COMMENCE D	RILLING OPKS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANC	GE PLANS	CASING TEST	AND CEMENT JQB	-
			OTHER		
OTHER					

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

We propose to abandon the Monument-Blinebry Pool, and re-complete in the Paddock Pool:

- 1. Pull rods & tubing, set cast iron bridge plug at 51501. Con . I Center t
- 2. Perforate 5 1/2" Casing with two jet shots at 5130', 5139', 5144', 5149', 5155', 5162', 5167', 5177', 5183', 5187', 5199', 5204', 5210', 5215', 5220'.
- 3. Set packer at 5250'. Acidize with 100 gals 15% NE acid, re-acidize with 900 gals 15% NE acid. Swab well, prepare to test. (Use additional acid if necessary)
- 4. Swab well, Test, place well on production.

18. I hereby certify that the information above is true and complete SIGNED		Assistant District	DATE	August 29, 1966
APPROVED BY Dan Gillett CONDITIONS OF APPROVAL, IF ANY:	TITLE_		DATE	