Submit 3 Copies to Appropriate

APPROVED BY____

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office	Energy, willionals and I value as	•••		Reviseu 1-1-09
DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980 OIL CONSERVATION DIVISION 2040 Pacheco St.			WELL API NO. 30-025-2	23632
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, NM 87505		5. Indicate Type of Leas	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease	
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.)			7. Lease Name or Unit Agreement Name J.R Phillips "A"	
1. Type of Well: OIL GAS WELL WELL X	OTHER			
2. Name of Operator			8. Well No.	
ARCO Permian 3. Address of Operator P.O. Box 1089 Eunice, NM 8	ress of Operator		9. Pool name or Wildcat Eumont Yates SRQ	
4. Well Location		6	en .	8 W Line
Unit Letter M : 800	Feet From The S	Line and Of	Feet From The	Line
Section 31	Township 19S Ra	nge 37E	TATATETAT	_ea
	10. Elevation (Show whether	er DF, RKB, RT, GR, et 3586' GR	c.)	
11. Check A	opropriate Box to Indicate		. Report, or Othe	r Data
-	NTENTION TO:		BSEQUENT RE	
(NOT) 0E 0.				Г
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	L_J ALTI	ERING CASING L
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	GOPNS. L PLU	G AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND C	EMENT JOB L	
OTHER:		OTHER:		
	perations (Clearly state all pertinent det	ails, and give pertinent d	ates, including estimated o	late of starting any proposed
Displace hol 3545'. Spot	tools. Set CIBP @ 5069'. Set W/9.5# 54 viscosity mud. 25 sxs plug @ 1125-1025'. cmt plug @ 15' to surf. NM	Spot 25 sxs smt Spot 25 sxs cmt	plug @ 3645- plug @ 610-510'.	
01/27/99: RDSU. Cut o safety ancho	off wellhead. Install perma ors. Well P&A'd 01/27/00.	nent marker. Dig	out & cut off	
/				
I hereby certify that the information above i	s true and complete to the best of my knowledge			
SIGNATURE ALLE M.	Muss In	TLE <u>Sr. Administra</u>	ative Assistant	DATE01/27/99
TYPE OR PRINT NAME Kellie D. M	urr ⁴ sh		TELE	EPHONE NO. 505-394-1649
(This space for State Use)	Quines.			1 / 1 / 3 20 0 i

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