

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 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

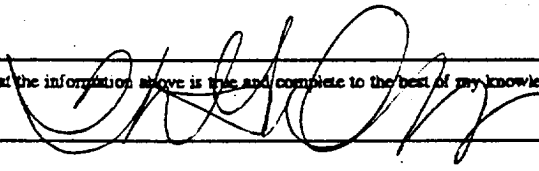
WELL API NO.	30-25-30956
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	E-1921
7. Lease Name or Unit Agreement Name	
Phillips State	
8. Well No.	1
9. Pool name or Wildcat	Osudo Morrow (Gas)

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	
2. Name of Operator Ultramar Oil & Gas Limited	
3. Address of Operator 16825 Northchase, Ste. 1200 - Houston, Texas 77060	
4. Well Location Unit Letter 0 : 990 Feet From The S Line and 1980 Feet From The E Line Section 17 Township 21-S Range 35-E NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3649' GL	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER: <input type="checkbox"/>
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.	

Acidize perfs (12,246' - 12,259') with 250 gals Morrow Mud acid, pressure up backside. Load tubing and pressure up, establish injection rate when pressure breaks. Acidize with 1750 gals Morrow acid. Flush.

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

SIGNATURE  TITLE Regulatory Assistant DATE 2-14-91
TYPE OR PRINT NAME Tanya L. Gordon 713/874-0700 TELEPHONE NO.

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: