Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

CONDITIONS OF AFFROVAL, IF ANY:

DISTRICT I

OIL CONSERVATION DIVISION

P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 DISTRICT II P.O. Drawer DD, Anesia, NM 88210 Santa Fe, New Mexico 87504-2088		WELL API NO.			
			30-25-30956		
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			5. Indicate Type of Lease STATE XX FEE		
			6. State Oil & Gas	Lesse No. E-19	921
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A					
DIFFERENT RESER (FORM C-	POSALS TO DRILL OR TO DEEPE VOIR. USE "APPLICATION FOR PI 101) FOR SUCH PROPOSALS.)	N OR PLUG BACK TO A ERMIT	7. Lease Name or I	Juit Agreement Name	:
1. Type of Well: Ol. GAS WELL X	OTHER		Phillips	State	
2 Name of Operator Ultramar Oil & Gas	Limited		8. Well No.		
3. Address of Operator			9. Pool name or Wi		
16825 Northchase, S	te. 1200 - Houston	, Texas 77060	Osudo Mo	rrow (Gas))
4. Well Location Unit Lener 0: 990	Feet From The South		Feet From	The <u>East</u>	Line
Section 17	Township 21 South R 10. Elevation (Show whether	inge 35 East N	MPM Le	a 777777777777	County
	3649.0'	Dr, Krb, Ki, Gr, ec.,			
11. Check A	ppropriate Box to Indicate	Nature of Notice. Re	port or Other 1		
				PORT OF:	
RFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK			A	LTERING CASING	
EMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. P	LUG AND ABANDO	ONMENT [
ULL OR ALTER CASING	CASING TEST AND CEN	CASING TEST AND CEMENT JOB 🔯			
THER:		OTHER:			
 Describe Proposed or Completed Operatio work) SEE RULE 1103. 	ns (Clearly state all pertinent details, at	d give pertinent dates, includir	ng estimated date of st	arning any proposed	
Ran 41 joints of 13-1650 sacks of Premiu Ran 139 joints of 9- of cement with addit 7",23/26#, S-96 LT&C with additives. Ran (T.O.C at 10,491') of	um With additives. 5/8" casing, 43.50 Sives. W.O.C. 6.5 C, set at10,900', on 51 joints of 5" 1	W.O.C. 4 house, N-90 LT&C, hours and test emented with 1 iner 18# P-1	s - Tested set at 569 ted casing 100 sacks 1	casing to 50' with 6 to 2800#.	900#. 20 sacl
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hereby certify that the information showe is true and	d complete to the best of my knowledge and i	eid.			
IONATURE MAN		Regulatory A	ssistant	DATE	4-91
YPE OR PRINT NAME Tanya	L. Gordon	713/875-87	58	TELEPHONE NO.	
This space for State Use)		<u> </u>			
PPROVED BY	·			DATE	
APROVED BY		•		. DATE	