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 1-1-59

| DISTRICT II P.O. Box 1980, Hobbs, NM 28240  DISTRICT II P.O. Drawer DD, Artesia, NM 28210  DISTRICT III 1000 Rio Brezon Rd., Aziec, NM 27410   | WELL API NO.   |
|--|--|
|  | 5. Indicate Type of Lease STATE FEE X  6. State Oil & Gas Lease No.  |
|  |  |
| I. Type of Well: OIL GAS WILL X WELL OTHER   | Sims   |
| 2. Name of Operator  | 8. Well No.  |
| Phillips Petroleum Company  Address of Operator  | 9. Pool same or Wildow   |
| 1001 Penbrook St., Odessa, TX 79762  | Wantz (Granite Wash)   |
| Well Location Unit Letter D: 990 Feet From The North Line and 990  | Pest Prom The West Line  |
| Section 24 Township 22-S Range 37-E  | NMPM Lea County  |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)   |  |
| 3323' GL 3338' RKB   | enort or Other Date  |
| n. Check Appropriate Box to Indicate Nature of Notice, R NOTICE OF INTENTION TO: SUB   | ESEQUENT REPORT OF:  |
|  |  |
| ERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK  | L ALTERING CASING  |
| EMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING  | 3 OPNS. PLUG AND ABANDONMENT   |
| ULL OR ALTER CASING CASING TEST AND CI   | EMENT JOB .  |
| THER Acidize X OTHER   |  |
|  | English and Adaptive and Adapti |
| <ol> <li>Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, incluwork).</li> <li>SEE RULE 1103.</li> </ol>  | and character state of Marine ext.) proposes   |
| COOH with rods, pump, and production string. GBIH with and RTTS type packer. Set packer @ 7266'. Pressure up 500 psi throughout treatment.  MI and RU Acid Engineering to acidize Granite Wash per gal Pentol 200 (7-1/2% HCl) down 2-3/8" tubing string Maximum Rate = 2 BPM Maximum Flush to bottom perforation with lease crude. Shut-in Swab back load. GIH with production string and put we results on DDR.  | p on backside and hold &  fs (7306'-7476') with 2500  2 BPM.  Pressure = 3000 psi  for a minimum of 12 hours.  |
| I hereby certify that the information above is true and complete to the best of any knowledge and belief.  THE OR PERMIT NAME J. L. Maples   | g. & Pro. DATE 7/3/90 TELEPHONE NO. 367-1411   |
| (This space for State Uni)  (Color of the Color of the Co | JUL 20 h   |