State of New Mexico Form C-103 Submit 3 Copies Energy, Minerals and Natural Resources Department Revised 1-1-89 to Appropriate District Office **OIL CONSERVATION DIVISION** DISTRICT I WELL API NO. P.O. Box 1980, Hobbs NM 88240 P.O. Box 2088 30-025- () DISTRICT II Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 FEE X STATE 🗆 DISTRICT III 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" C. D. WOOLWORTH (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: WELL OTHER SWD 8. Well No. 2. Name of Operator 9 Phillips Petroleum Company 9. Pool name or Wildcat 3. Address of Operator JALMAT 4001 Penbrook Street, Odessa, TX 79762 4. Well Location 1980 **EAST** NORTH 660 Feet From The Line and Unit Letter Feet From The 24-S 36-E **NMPM** County Township Range 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3336' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. SUBSEQUENT REPORT OF: **NOTICE OF INTENTION TO:** ALTERING CASING PLUG AND ABANDON REMEDIAL WORK PERFORM REMEDIAL WORK COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT CHANGE PLANS TEMPORARILY ABANDON CASING TEST AND CEMENT JOB PULL OR ALTER CASING OTHER: TEMPORARILY ABANDON OTHER: _ 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. 5/24/95 MIRU EL TORO WELL SERVICE, NU BOPE, RELEASE PKR, COOH W/3-1/2" TBG, GIH W/WORKSTRING & CSG SCRAPER TO 3600', COOH, GIH W/7" CIBP TO 3310', SET PLUG, CLOSE BOP, CIRC APPOX. 2 BBLS OIL OUT OF WELL, PRESSURE CSG TO 500#, CIRC WELL BORE W/PKR FLUID, FRESH WATER MIX, CLOSE BOP TO RETEST TO 500 PSI, RUN CHART FOR 30 MINS, CSG TEST O.K., COOH W/TBG, ND BOPE, SECURE WELL, 1 JT 2-7/8" TBG LEFT IN WELLHEAD, RD EL TORO WELL SERVICE, COMPLETE DROP FROM REPORT REQUEST TEMPORARY ABANDONMENT STATUS. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

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

SIGNATURE

TYPE OR PRINT NAME | M. SANDERS

THE REGULATION SPECIALIST

THE REGULATION SPECIALIST

DATE 5/31/95

TELEPHONE NO.915/368-1488

APPROVED BY

TITLE

DATE JUN 16 1995

CONDITIONS OF APPROVAL, IF ANY:

