

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

RECEIVED

DEC 20 '90

WELL API NO. 30-015-26304
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. K-3271
7. Lease Name or Unit Agreement Name James A
8. Well No. 8
9. Pool name or Wildcat Cabin Lake (Delaware)

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator PHILLIPS PETROLEUM COMPANY ✓
3. Address of Operator 4001 Penbrook St., Odessa, TX 79762	4. Well Location Unit Letter <u>H</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>2</u> Township <u>22-S</u> Range <u>30-E</u> NMPM <u>Eddy</u> County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3220'-GL; 3227' DF

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: Perforate, acidize fracture treat <input checked="" 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.

- 11/26/90 Perforate 5-1/2" casing w/4" casing guns, 2 JSPF, 7110'-7140', total of 61 shots.
- 11/28/90 Treat perforations 7110'-7140' w/1000 gal. 7-1/2% NeFe HCL.
- 12/5/90 Fracture treat perforations 7110'-7140' w/17000 gal. polyemulsion & 60000# 16/30 mesh sand.
- 12/12/90 Swabbing back load.

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

SIGNATURE L. M. Sanders TITLE Supervisor, Regulation and Proration DATE 12/17/90
TYPE OR PRINT NAME L. M. Sanders (915) 368-1488 TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS

APPROVED BY SUPERVISOR, DISTRICT II TITLE DATE DEC 28 1991

CONDITIONS OF APPROVAL, IF ANY: