

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

RECEIVED  
JUL 26 1991

O. C. D.

ARTESIA, OFFICE

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)
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	GL 3220'; KB 3228'

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 ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator  
PHILLIPS PETROLEUM COMPANY ✓

3. Address of Operator  
4001 Penbrook St., Odessa, TX 79762

4. Well Location  
Unit Letter H : 1650 Feet From The North Line and 660 Feet From The East Line  
Section 2 Township 22-S Range 30-E NMPM Eddy County

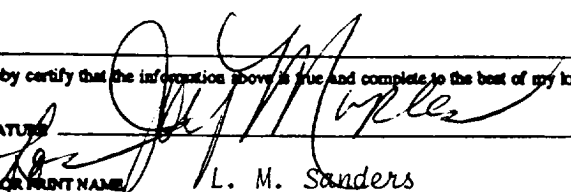
10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
GL 3220'; KB 3228'

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: Complete drop from report <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.

5/21/91 Pumped 169 BO, 49 MCF, 254 BW, GOR 2899/1 in 24 hours.

COMPLETE DROP FROM REPORT

I hereby certify that the information above is true and complete to the best of my knowledge and belief.  
SIGNATURE  TITLE Supervisor, Regulation & Proration DATE 7/24/91  
TYPE OR PRINT NAME L. M. Sanders TELEPHONE NO. (915) 368-1667

(This space for State Use)  
ORIGINAL SIGNED BY  
MIKE WILLIAMS  
SUPERVISOR, DISTRICT II  
APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

JUL 29 1991