| Form 3160-5 (ovember 1983) Formerly 9-331)  DEPARTM TOF THE INTERIO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUNDRY NOTICES AND REPORTS C  (Do not use this form for proposals to drill or to deepen or plug be Use "APPLICATION FOR PERMIT—" for such pro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ON WELLS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 6 IF INDIAN, ALLOTTER OR TRIBE NAME                                                                                                                                                                           |
| OIL XX GAB OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | RECEIVED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 7. UNIT AGREEMENT NAME                                                                                                                                                                                        |
| 2 NAME OF OPERATOR PHILLIPS PETROLEUM COMPANY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | JUN 2 5 1991                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 8. FARM OR LEASE NAME  James E                                                                                                                                                                                |
| 4001 Penbrook St., Odessa, TX 79762                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | O. C. D.<br>ARTESIA, OFFICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 9. WHILE NO.                                                                                                                                                                                                  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any S See also space 17 below.) At surface  Jnit D, 660' FNL & 660' FWL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | state requirements.*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Cabin Lake (Delaware)  11. SEC., T., E., M., OR BLE. AND  SURVEY OF AREA  Sec. 12, T-22-S, R-30-E                                                                                                             |
| 14. PERMIT NO. 15. ELEVATIONS (Show whether DF. 30-015-26655 3318' GL (Unprepared)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 12. COUNTY OR PARISE 13. STATE                                                                                                                                                                                |
| TOTO OF AMELIANDI CAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Eddy NM                                                                                                                                                                                                       |
| 16. Check Appropriate Box To Indicate No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Other Data                                                                                                                                                                                                    |
| PELL OR ALTER CASING  PRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL Other)  17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent proposed work. If well is directionally drilled, give subsurface location nent to this work.)  4/23/91 Perforate 5-1/2" casing w/4" carriage for the complete perforations 7350'-7480' 4/29/91 Acidize perforations 7350'-7480' 4/29/91 GIH w/RBP & set @ 7320'.  5/3/91 GIH w/RBP & set @ 7320'.  5/4/91 Perforate 7250'-7280' w/4" casing set @ 7200'.  5/6/91 Acidize perforations 7250'-7280' set @ 7200'.  5/6/91 Unseat packer & POOH. Acidize polyemulsion w/60000#20/40 mesh 5/9/91 GIH w/packer & set @ 7192'.  Temp. drop pending potential te | details and give pertinent dates one and measured and true vertice asing gun, 2 JSPF, 7 w/2000 gal. 7-1/2% by w/46000 gal. polywood 16/30 mesh sand. Ing gun w/2 JSPF. Government of the company of the c | ABANDONMENT*  Tof multiple completion on Well letion Report and Log form  Including estimated date of starting and all depths for all markers and zones perti-  350'-7370', 41 shots &  NeFe HCL. emulsion w/ |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ervisor,<br>lation & Proration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ACCEPTED FOR RECORD                                                                                                                                                                                           |
| CONDITIONS OF APPROVAL, IF ANY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                               |

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\*See Instructions on Reverse Side