

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK
DRILL ☒ DEEPEN ☐ PLUG BACK ☐

b. TYPE OF WELL
OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
PHILLIPS PETROLEUM COMPANY

3. ADDRESS OF OPERATOR
4001 Penbrook St., Odessa, Texas 79762

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)
At surface
Unit L, 1980' FSL & 995' FWL
At proposed prod. zone
Unit L, 1980' FSL & 995' FWL

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*
22 mi. East of Carlsbad, NM

15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT.
(Also to nearest drlg. unit line, if any)
660' FS lease line

16. NO. OF ACRES IN LEASE
1000

17. NO. OF ACRES ASSIGNED TO THIS WELL
40

18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.
1359' F/#13

19. PROPOSED DEPTH
7700'

20. ROTARY OR CABLE TOOLS
Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)
3316' GL (unprepared) Carlsbad Controlled Water Basin

22. APPROX. DATE WORK WILL START*
Upon approval

23. PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
17-1/2"	13-3/8"	48#	475'	700 sk Class C-Circ. to Surface
12-1/4"	8-5/8"	24#	3700'	1400 sk Class C - Circ. to surface
7-7/8"	5-1/2"	15.5#	7700'	1st stage 350 Class C
				2nd stage 250 Class C
				Tail 400 Class C

Post ID-1
8-1492
New line + API

APPROVAL SUBJECT TO
GENERAL REQUIREMENTS AND
SPECIAL STIPULATIONS
ATTACHED

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24. SIGNED [Signature] Supervisor,
L. M. Sanders (915) 358-1667 Regulation & Proration DATE 3/24/92
(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____

APPROVED BY _____ TITLE _____ DATE 8-3-92
CONDITIONS OF APPROVAL, IF ANY:

5-11-93
DD-81

*See Instructions On Reverse Side