

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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—" for such proposals.)

5. LEASE DESIGNATION AND SERIAL NO.

NM 0479142

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

James E Fed

9. WELL NO.

15

10. FIELD AND POOL, OR WILDCAT

Cabin Lake (Delaware)

11. SEC., T., R., M., OR BLE. AND
SURVEY OR AREA

Sec.12,T-22-S,R-30-E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

1. OIL ☒ GAS ☐ OTHER ☐
WELL

2. NAME OF OPERATOR

Phillips Petroleum Company

3. ADDRESS OF OPERATOR

4001 Penbrook Street, Odessa, TX 79762

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

SHL - Unit L, 1980' FSL & 995' FWL

BHL - Unit L, 1980' FSL & 660' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, WT, OR, etc.)

3316' GL (Unprepared)

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(Note: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any
proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent
to this work.)*

Due to topographic conditions, the bottom hole location has been changed from
Unit L, 1980' FSL & 995' FWL to Unit L, 1980' FSL & 660' FWL. Previous appli-
cation approval date was 8-3-92.

18. I hereby certify that the foregoing is true and correct

SIGNED

H. M. Sanders

TITLE Supv. Regulatory Affairs

DATE 04-22-93

(915) 368-1488

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side