

Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

RECEIVED

OIL CONSERVATION DIVISION  
220 South St. Francis Dr.  
Santa Fe, NM 87505

JAN 24 2011

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.)		WELL API NO. 30-015-26761
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Water Injection		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator ConocoPhillips Company		6. State Oil & Gas Lease No.
3. Address of Operator 3300 N. "A" St., Bldg. 6 Midland, TX 79705		7. Lease Name or Unit Agreement Name James A
4. Well Location Unit Letter <u>P</u> : <u>1250'</u> feet from the <u>SOUTH</u> line and <u>1150'</u> feet from the <u>EAST</u> line Section <u>2</u> Township <u>22S</u> Range <u>20E</u> NMPM County <u>Eddy</u>		8. Well Number <u>12</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3196' KB		9. OGRID Number 217817
		10. Pool name or Wildcat Cabin Lake (Delaware)

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

## NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐

## SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER: ☐OTHER: Mechanical Integrity Test ☒

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

5-year MIT test required, performed on 11/30/2010. OCD representative Richard Inge was not able to be present for the test, gave verbal to proceed without him.  
Test held 590psi for 30 minutes.  
Pumped 1000 gallons 15% acid, flushed with 40 bbls of 10# brine.  
Copy of chart attached.

**DENIED. WELL WAS NOT TESTED ON 11/15/2010  
BECAUSE OPERATOR REPORTED A HOLE IN THE TUBING.  
OPERATOR MUST DETAIL HOW WELL WAS REPAIRED -  
INCLUDING TUBING AND PLACEMENT OF PACKER. RE-NMOCED  
RESUBMIT WITH REQUIRED INFORMATION, 3/15/11**

**RECEIVED**  
MAR 11 2011  
NMOCED ARTESIA

Spud Date:

Rig Release Date:

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

SIGNATURE

TITLE Regulatory Specialist

DATE

Type or print name Jalyn N. Fiske

E-mail address: Jalyn.Fiske@conocophillips.com PHONE: (432)688-6813

For State Use Only

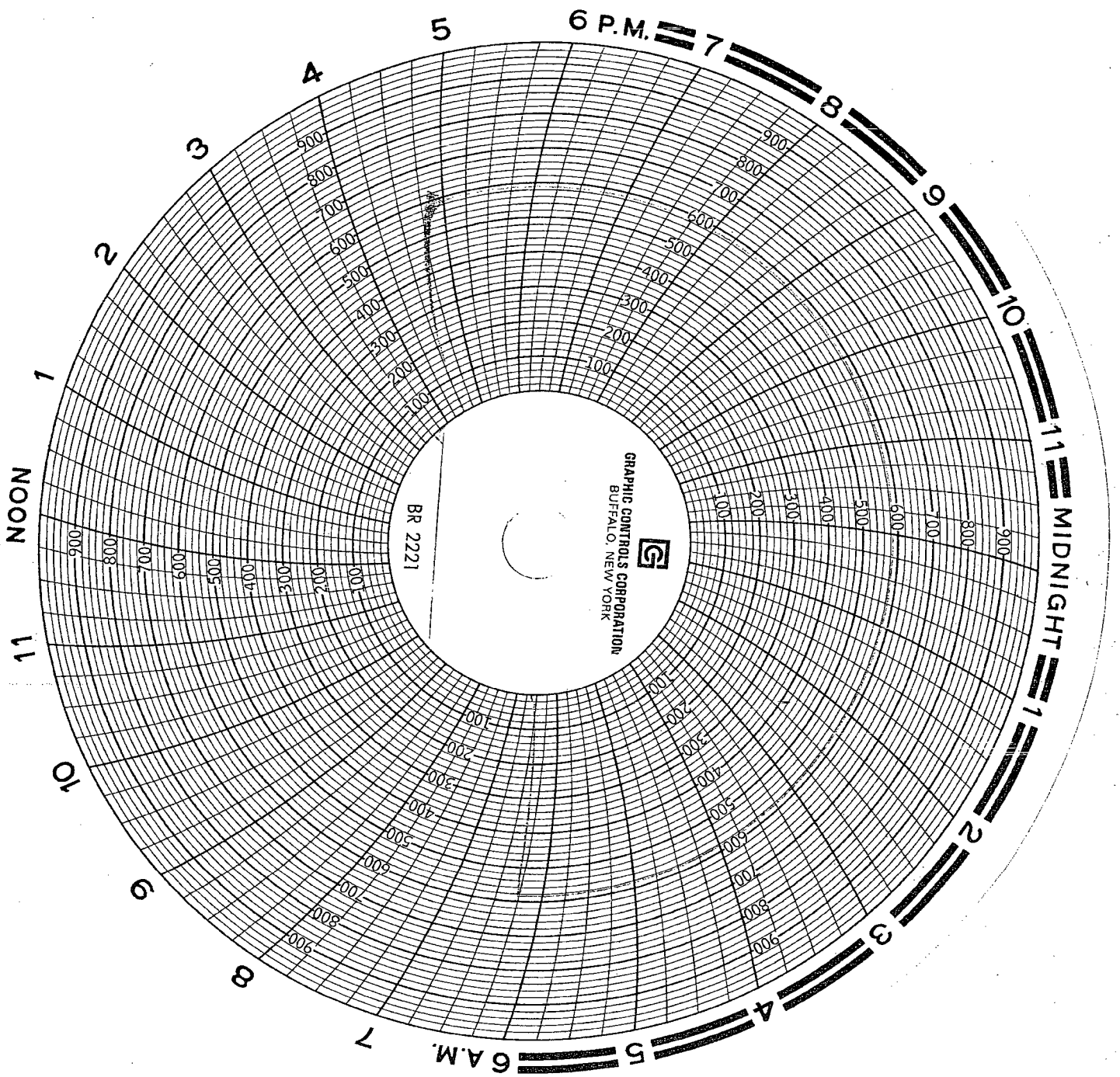
APPROVED BY:

TITLE

DATE

Conditions of Approval (if any):





JAMES A ST #12

13:30 - 14:00

11-30-10