

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

clsf
JP

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

WELL API NO.	30-015-26313
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.	9
9. Pool name or Wildcat	CABIN LAKE (DELAWARE)
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	
3220' GR	

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator Phillips Petroleum Company
3. Address of Operator 4001 Penbrook Street, Odessa, TX 79762	4. Well Location Unit Letter A : 660 Feet From The NORTH Line and 500 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.) 3220' GR	

11. 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 ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: **DRILL OUT CIBP & TEST SUB PUMP** ☒

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.

08/08/95 RU PRIDE RIG #4, COOH W/RODS & PUMP, NU BOPE, COOH W/TBG, SDON.
08/09/95 MIRU DDU, GIH W/BIT, TAGGED CIBP @ 7050', DRILLED OUT CIBP, CLEAN OUT TO 7475', COOH W/BIT, SHUT WELL IN, SDON.
08/10/95 START IN HOLE W/PROD TBG, SDON.
08/11/95 FINISH GIH W/PROD TBG & SUB PUMP, ND BOPE, FLANGE UP WELLHEAD, START PUMP, TEMP DROP FROM REPORT UNTIL WELL STABILIZES.
09/26/95 WELL TESTED FOR 24 HRS, TESTED 52 BOPD, 446 BWPD, & 161 MCFGPD. COMPLETE DROP FROM REPORT.

RECEIVED

OCT 26 1995

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

SIGNATURE *L. M. Sanders*

TITLE **SR. REGULATION ANALYST** DATE **10/25/95**

TYPE OR PRINT NAME **L. M. SANDERS**

TELEPHONE NO. **915-368-1488**

(This space for State Use)

ORIGINAL SIGNED BY **TIM W. GUM**
DISTRICT II SUPERVISOR

APPROVED BY _____

TITLE _____ DATE **OCT 30 1995**

CONDITIONS OF APPROVAL, IF ANY: