

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

clsr  
up +

DISTRICT I  
P.O. Box 1900, Hobbs, NM 88240

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Bravo Rd., Aztec, NM 87410

WELL API NO.  
30-015-26510

5. Indicate Type of Lease  
STATE  FEE

6. State Oil & Gas Lease No.  
K-3271

**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.)

7. Lease Name or Unit Agreement Name

James A

1. Type of Well:  
OIL WELL  GAS WELL  OTHER  MAR 27 1992

8. Well No.  
11

2. Name of Operator  
Phillips Petroleum Company O. C. D.

3. Address of Operator  
4001 Penbrook Street, Odessa, Texas 79762  
DISTRICT OFFICE

9. Pool name or Wildcat  
Cabin Lake (Delaware)

4. Well Location  
Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East Line  
Section 2 Township 22-S Range 30-E NMPM Eddy County

10. Elevation (Show whether *DP, RKB, RT, GR, etc.*)  
3192.4' GR - 3204.4' KB

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

- |  |   |   |   |
|--|---|---|---|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/>                          | ALTERING CASING <input type="checkbox"/>      |
| TEMPORARILY ABANDON <input type="checkbox"/>   | CHANGE PLANS <input type="checkbox"/>     | COMMENCE DRILLING OPNS. <input type="checkbox"/>                | PLUG AND ABANDONMENT <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/>  |   | CASING TEST AND CEMENT JOB <input type="checkbox"/>             |   |
| OTHER: _____ <input type="checkbox"/>          |   | OTHER: Return to production <input checked="" type="checkbox"/> |   |

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.

3-12-92: GIH w/2-7/8" production tubing & LOK-set packer. Setting nipple @ 7278' & packer @ 7150'.

3-23-92: GIH, pump 35 BO, 331 BBL water in 24 hours. Complete drop from report.

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

SIGNATURE [Signature] TITLE Supervisor Reg/Proration DATE 3/25/92

TYPE OR PRINT NAME L. M. Sanders TELEPHONE NO. 368-1488

(This space for State Use)

ORIGINAL SIGNED BY  
MIKE WILLIAMS  
SUPERVISOR, DISTRICT II

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE MAR 30 1992

CONDITIONS OF APPROVAL, IF ANY: