

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 70335

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Livingston Ridge

9. WELL NO.

7

10. FIELD AND POOL, OR WILDCAT

Cabin Lake (Delaware)

11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA

Sec. 1, T-22-S, R-30-E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Phillips Petroleum Company

3. ADDRESS OF OPERATOR

4001 Penbrook Street, Odessa, Texas 79762

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

At surface

Unit F, 1980' FWL & 1980' FNL

22 Mi. East of Carlsbad, NM

14. PERMIT NO.

15. ELEVATIONS (Show whether DP, RT, OR, etc.)

3316' (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.)*

Phillips Petroleum Company request the permit to drill the Livingston Ridge Federal Well #7 be reinstated (drilling permit issued 6-19-90 expired). All aspects of the application, including the casing program, hole size, weight per foot, setting depth & quantity of cement will remain as stated in the original APD.

Part IO-1
10-11-91
re-inst. int.

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

SIGNED

Assistant,

Regulation and Proration

DATE 9-19-91

(This space for Federal or State office use)

(915) 368-1667

APPROVED BY

TITLE

DATE

9/24/91

CONDITIONS OF APPROVAL, IF ANY:

APPROVED FOR ¹² MONTH PERIOD
ENDING 9/24/92

*See Instructions on Reverse Side