

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

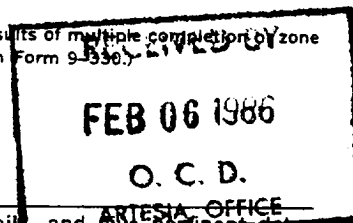
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☐ gas ☒ other ☐
2. NAME OF OPERATOR
Phillips Petroleum Company
3. ADDRESS OF OPERATOR
Room 401, 4001 Penbrook St., Odessa, Tx 79762
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: Unit L, 1980' FSL & 660' FWL
AT TOP PROD. INTERVAL: same
AT TOTAL DEPTH: same
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

- REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:
- | | | |
|----------------------|--------------------------|--------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES | <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON* | <input type="checkbox"/> | <input type="checkbox"/> |
- (other) Well temporarily SI

5. LEASE
NM-0417023-A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
James C
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Cabin Lake Strawn
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 35, T-21-S, R-30-E
12. COUNTY OR PARISH
Eddy
13. STATE
New Mexico
14. API NO.
30-015-20879
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3217.6'RKB, 3196'GL

(NOTE: Report results of multiple completion of zone change on Form 9-330.)



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.)*

Continued from report dated 5-9-85:

5-10-85 thru
1-31-86:

Reperf'd at 12128-12134'; 12175-12179'; 12225-12235',
20'-48 shots. Spotted 1000 gals 15% MCA w/30 gals Morflo
II & 2 gals HAI-65 across perfs. Treated well with Max
pressure 4900 psi, Avg pressure 4625 psi, Max pump rate
1 BPM, Avg pump rate .6 BPM, ISIP 4700 psi, 5 min 4600 psi,
10 min 4600 psi, 15 min 4500 psi, 30 min 4400 psi. Swbd
back 35 BLW. FL @ 5200'. Well broke at 4700 psi and started
taking acid.

SEE REVERSE SIDE

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED E. Porter TITLE Gas Engineering Supervisor DATE January 31, 1986

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL IF ANY:

FEB 5 1986

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO

Bled 250 psi off tbg, FL @ 3200'. Had 2000' of fluid entry overnight. Swbd back 55 BW w/FL at 11,000', 5 1/2" pkr at 12075'. No pressure on tubing and FL at 11000', fluid rec when swbd. SI well and cleaned up location.

Well SI pending further evaluation.