

Form 3160-5
November 1983)
(formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instructions on reverse side)

Budget Bureau No. 1004-0118
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-70333

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Peak View

9. WELL NO.

#3

10. FIELD AND POOL, OR WILDCAT

Cabin Lake (Delaware)

11. SEC., T., R., M., OR BLK. AND
SUBST OR AREA

Sec. 35, 21-S, 30-E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

OIL WELL ☒ GAS WELL ☐ OTHER ☐

MAR 1 1992

O. C. D.

WELLS DEPT

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 I, 1980 FSL & 330 FEL

14. PERMIT NO.

API No. 30-015-26679

15. ELEVATIONS (Show whether OF, BT, OR, ETC.)

3234' GL (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 COMPLETION ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDISING ☐

(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 and 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 Peak View Well #3 be extended for 1 year (drilling permit issued 3-15-91). All aspects of the application, including the casing program, hole size, weight per foot, setting depth and quantity of cement will remain as stated in the original APD.

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

SIGNED *[Signature]*
I. M. Sanders

TITLE Supervisor Reg/Proration

DATE 3-2-92
(915) 368-1488

(This space for Federal or State office use)

APPROVED BY *[Signature]*

TITLE

DATE

3-10-92

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side