

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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.	30-015-10806
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.	1
9. Pool name or Wildcat	CABIN LAKE (STRAWN)
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	
3175' 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	2. Name of Operator Phillips Petroleum Company
3. Address of Operator 4001 Penbrook Street, Odessa, TX 79762	4. Well Location Unit Letter 0 : 665 Feet From The SOUTH Line and 2006 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.) 3175' 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: SET CIBP AND ACIDIZE ☒

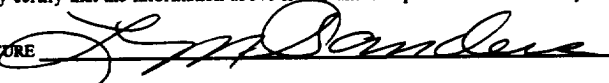
SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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.

RU DDU TO THE SUBJECT WELL, PULL THE 2-3/8" PROD. TUBING, CLEAN OUT THE WELLBORE TO 12,400', SET A 5-1/2" CIBP AT 12,400' TO PERMANENTLY ABANDON THE MORROW PERFORATIONS FROM 13,246'-13,424', RE-RUN THE 2-3/8" PROD. TUBING WITH A NEW BAKER "A2" LOK-SET PACKER TO BE SET AT 12,100', TREAT THE STRAWN PERFORATIONS FROM 12,155'-12167' W/1200 GALS OF 15% NEFE HCL ACID AND RETURN THE WELL TO PRODUCTION.

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

SIGNATURE 

TITLE SUPERVISOR, REG. AFFAIRS DATE 02/17/95

TYPE OR PRINT NAME L. M. SANDERS

TELEPHONE NO. 915/368-1488

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT III SUPERVISOR

APPROVED BY

TITLE

DATE

FEB 27 1995

CONDITIONS OF APPROVAL, IF ANY: