

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Submit in triplicate
(Other instructions on re-
verse side)

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM 0479142

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

James E Fed

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Cabin Lake (Delaware)

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

Sec. 11, T-22-S, R-30-E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

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.)

OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

PHILLIPS PETROLEUM COMPANY

3. ADDRESS OF OPERATOR

4001 Penbrook St., Odessa, TX 79762

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

Unit G, 1980' FNL & 1980' FEL

RECEIVED

MAR 6 1991

O. C. D.

ARTESIA, OFFICE

14. PERMIT NO.

30-015-20996

15. ELEVATIONS (Show whether DF, RT, GR)

3221' KB; 3198' GL

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

Perforate

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

SUBSEQUENT REPORT OF:

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 perti-
nent to this work.)*

MI & RU DDU. ND wellhead. Install BOP. Perforate 7-5/8" csg. w/4" csg. gun, 4 JSPF @ ±7800'. PU & GIH w/7-5/8" cmt. retainer & set @ ±7750'. Cmt. sqze. perforations @ ±7800' w/840 sks Class H cmt., 5# salt/sk, & 4/10% Halad-344. Run temerature survey to determine TOC. Let cmt. stand 24 hrs. Perforate 7-5/8" csg. w/4" csg. gun, 2 JSPF 7278'-7330', 105 shots. GIH w/7-5/8" RTTS type packer & set @ ±7200'. Treat perforations 7278'-7330' w/ 1000 gal. 7-1/2% NEFE HCL. Fracture treat perforations 7278'-7330' 34000 gal. polyemulsion w/94000# 20/40 mesh sand & 32000# resin-coated sand. Return well to production.

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

SIGNED

L. M. Sanders
L. M. Sanders (915) 368-1411

TITLE

Supervisor,
Regulation & Proration

DATE 2/18/91

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

SJS