

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI
(Other instruction.
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Phillips Petroleum Company ✓		APR 30 1991	8. FARM OR LEASE NAME James E Fed
3. ADDRESS OF OPERATOR 4001 Penbrook Street, Odessa, TX 79762		O. C. D. ARTESIA, OFFICE	9. WELL NO. 1
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			10. FIELD AND POOL, OR WILDCAT Cabin Lake (Delaware)
14. PERMIT NO. 30-015-20996		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3221' KB; 3198' GL	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11, T-22-S, R-30-E
		12. COUNTY OR PARISH Eddy	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PELL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) Set CIBP; shut well in <input checked="" type="checkbox"/>	

(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.)*

07-02-90: RU DDU. Install BOP. Spot 24 bbls of 9-1/2 lb/gal mud laden brine. Start out of hole w/2-3/8" tbq.
07-03-90: GIH w/5-1/2" CIBP & set @12,164'. Dump 2 sxs cmt on CIBP. Ran compensated neutron w/parsity curve-collar locator.
07-05-90: Remove BOP. Shut well in. Job complete until further engineering evaluation is done.

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

SIGNED

L. M. Sanders

TITLE Reg. & Proration Supv.

DATE 04-22-91

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

*See Instructions on Reverse Side

