

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
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 each proposal.)

|                                                                                                                                                                     |  |                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------|
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>                                                    |  | 5. LEASE DESIGNATION AND SERIAL NO.<br>NM0479142                       |
| 2. NAME OF OPERATOR<br>Phillips Petroleum Company                                                                                                                   |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                   |
| 3. ADDRESS OF OPERATOR<br>4001 Penbrook St., Odessa, TX 79762                                                                                                       |  | 7. UNIT AGREEMENT NAME                                                 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with BLM Data requirements. See also space 17 below.)<br>At surface<br>Unit G, 1980' FNL & 1980' FEL |  | 8. FARM OR LEASE NAME<br>James E Fed                                   |
| 14. PERMIT NO.<br>30-015-20996                                                                                                                                      |  | 9. WELL NO.<br>1                                                       |
| 15. ELEVATIONS (Show whether W, T, or G.)<br>3198' GL                                                                                                               |  | 10. FIELD AND POOL, OR WILDCAT<br>Cabin Lake (Delaware)                |
|                                                                                                                                                                     |  | 11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 11, 22-S, 30-E |
|                                                                                                                                                                     |  | 12. COUNTY OR PARISH<br>Eddy                                           |
|                                                                                                                                                                     |  | 13. STATE<br>NM                                                        |

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

| NOTICE OF INTENTION TO:           |                                     | SUBSEQUENT REPORT OF:                                                                                 |                          |
|-----------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------|
| TEST WATER SHUT-OFF               | <input type="checkbox"/>            | WATER SHUT-OFF                                                                                        | <input type="checkbox"/> |
| FRACURE TREAT                     | <input type="checkbox"/>            | FRACURE TREATMENT                                                                                     | <input type="checkbox"/> |
| SHOOT OR ACIDIZE                  | <input type="checkbox"/>            | SHOOTING OR ACIDIZING                                                                                 | <input type="checkbox"/> |
| REPAIR WELL                       | <input type="checkbox"/>            | (Other)                                                                                               | <input type="checkbox"/> |
| (Other) Add Perfs, Acidize & Frac | <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.)
1. MI&RU DDU. Pull rods and pump. NU BOP.
  2. COOH W/2-7/8" prod. tbq.
  3. GIH w/5-1/2" RBP and RTTS type packer on 2-7/8" tbq. Test tbq. to 6000 psi while GIH.
  4. Set RBP at +5800'. Set pkr. and test RBP to 1000 psi. Dump 2 sx sand.
  5. Pull up hole to +5700'. Spot 600 gals. 20% acetic acid. COOH w/2-7/8" tbq. and pkr.
  6. Perforate 5-1/2" csg. w/4" csg. gun, 1 JSPF, as follows: 5676'-5700'=25 shots.
  7. Load 2-7/8" tbq.w/produced wtr. Press. acid into Delaware perfs. 5676-5700' w/a max. surface press. of 3500 psi. Shut-in 30 mins. to allow acid to spend.
  8. Swab.
  9. Fracture treat the Delaware through Perfs. 5676-5700': 10,000 gals. 35-lb. linear gel (3% diesel) prepad, 25,000 gals. borate x-linked 35-lb. gel (3% diesel) pad and 2,500 gals. 35-lb. gelled 2% KCl water (3% diesel) carrying 21,500 lbs. of 16/30 mesh Ottawa sand.
  10. RIH w/SLM and tag fill. Clean out to +5800' if necessary.
  11. Swab.
  12. RIH w/SLM and tag fill. Clean out if necessary. Retrieve RBP at +5800' and COOH.
  13. GIH w/2-7/8" sand screen joint w/an 8' perf'd interval on 2-7/8", 6.5 lb/ft., J-55 prod. and tbq. anchor at +5540'. Ensure well is static for 30 mins.

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

|                                            |                                        |                           |
|--------------------------------------------|----------------------------------------|---------------------------|
| SIGNED <u>L. M. Sanders</u>                | TITLE <u>Supv., Regulatory Affairs</u> | DATE <u>1-8-93</u> (Over) |
|                                            |                                        | <u>915/368-1488</u>       |
| (This space for Federal or State Approval) |                                        |                           |
| APPROVED BY <u>David A. Glass</u>          | TITLE _____                            | DATE _____                |
| CONDITIONS OF APPROVAL, IF ANY:            |                                        |                           |

\*See Instructions on Reverse Side

13. Cont'd

ND BOP.

14. GIH w/pump and rod string.

15. Return well to production