Submit 3 Copies to Appropriate District Office

State of New Mexico E. J. Minerals and Natural Resources Department

Form C	-103
Revised	1-1-89

P.O. P. 38 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION	WELL APPLIC	
P.O. Box 2088	WELL API NO. 30-015-	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088	5. Indicate Type of Loase	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	STATE XX FEE	
	K-3271	
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.)	7. Lease Name or Unit Agreement Name	
1. Type of Well: Off. GAS OTHER	James A	
2. Name of Operator PHILLIPS PETROLEUM COMPANY	8. Well No. 2	
3. Address of Operator	9. Pool name or Wildcat	
4001 Penbrook St., Odessa, Texas 79762	Cabin Lake (Delaware)	
Unit Letter J: 1652 Feet From The South Line and 198	0 real From The East Line	
2 22-5 30-5	F.1	
Section Township Range Township Range 10-11 Townshi	NMPM Eddy County	
GL 3177'; KB 3188'		
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data		
NOTICE OF INTENTION TO:	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT		
CASING TEST AND CEMENT JOB		
OTHER: Acidize and fracture X OTHER:		
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting are proposed.		
WORLD SEE ROLE 1103.		
MI & RU DDU. Pull rods and pump. Install BOP. Release TAC. COOH w/2-7/8" tbg. GIH w/5-1/2" RBP & RTTS type packer on tbg. Set RBP @ ±5750'. Set packer & test RBP		
to soo psi. Dump 2 sk sand. COOH w/thg. & nacker		
Fracture treat perforations 5625'-5658' w/34000 gal polyemulation w/100 000# 20/40		
mesh sand & 32,000# 16/30 mesh resin-coated sand. GIH w/ 5-1/2" RTTS type packer on 2-7/8" tbg. Set packer @ ±5550'. Swab back load oil & water. Release packer &		
coon. an wy production tog., roas and pump.		
Return to production.		
I hereby certify that the information above in true and complete to the best of my knowledge and belief. Supervisor,		
ouper visor;		
signature me Regulation & F	Proration DATE 3/11/91	
TYPE OR PRINT NAME	PAIR	
TYPE OR PRINT NAME	Proration DATE 3/11/91 (915) 368-1411 TELEPHONE NO.	
La m. Sanders	PAIR	

CONDITIONS OF APPROVAL, REANY: