

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other 1004-1115  
term side)

Bureau Form No. 1004-1115  
Expires August 31, 1985 *2/5F*

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED BY	3. LEASE DESIGNATION AND SERIAL NO. NM-0479142	
2. NAME OF OPERATOR Phillips Petroleum Company		JUL 20 1987	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 4001 Penbrook Street, Odessa, Texas 79762		O. C. D. ARTESIAL OFFICE	7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit C, 535' FNL & 2080' FWL			8. FARM OR LEASE NAME James E	
14. PERMIT NO. API No. 30-015-25756		15. ELEVATIONS (Show whether DF, ST, GR, etc.) 3176.5' GR	9. WELL NO. 2	
			10. WELLS AND POOL, OR WILDCAT Cabin Lake Delaware	
			11. SEC., T., R., N., OR BLK. AND SURVEY OR AREA 11, 22-S, 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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) Set casing <input type="checkbox"/>	
(Other) <input 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.)

Continued from report dated 6-12-87:

6-13 thru

7-10-87: Drlg. Drlg breaks at 6056'-6072'; 6260'-6282'; 6526'-6537'. TD'd hole at 9:30 P.M. MST 6-16-87 at 7500'. Ran DLL-SFL-GR from TD to 3500', CNL-LDT-EPT-GR-Cal from TD to 3500'; CNL-GR to surface and LSS-GR from TD to 3500'. Set 5-1/2" 15.5# K-55 ST&C casing at 7456' with 400 sx Class "C", 20% Diacel D + 1/2#/sx Flocele and 600 sx Class C Neat. Ran temperature survey, TOC at 3130'. Cut of casing; ND BOP.

Waiting on completion unit.

ACCEPTED FOR RECORD

JUL 15 1987

SJS

CARLSBAD, NEW MEXICO

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

SIGNED W. J. Mueller TITLE Engineering Supervisor, DATE 7-10-87  
Reservoir  
(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side