Submit 3 Copies to Appropriate District Office

State of New Means inerals and Natural Resources Department

Form	C	-10	3
Revis	b	1.1	4

OIL CONSERVATION DIVISION.

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

م علت	TI 140	•	
30-	015	-257	58

dicate Type of Lease	FEE
. am no. 0-015-25758	

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT I P.O. Box 1985, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM \$8210

AUG 29'90

	© C. D. K-3271
SUNDRY NOTICES AND REPORTS ON WEL (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN DIFFERENT RESERVOIR. USE "APPLICATION FOR PE (FORM C-101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A 7. Lasse Name or Unit Agreement Name
1. Type of Well: OIL OAS WELL EX WELL OTHER	James A
2. Name of Operator PHILLIPS PETROLEUM COMPANY	8. Well No.
3. Address of Operator 4001 Penbrook St., Odessa, TX 79762	9. Pool name or Wildcat Cabin Lake (Delaware)
4. Well Location Unit Letter K : 1980 Feet From The South	Line and 1980 Feet From The West Line
Section 2 Township 22-S Ru	age 30-E NMPM Eddy County
10. Elevation (Show whether 3178.6' DF, 3	V/////////////////////////////////////
	Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK ALTERING CASING
EMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	CASING TEST AND CEMENT JOB
Perforate and stimulate	OTHER:
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, as work) SEE RULE 1103.	
GIH w/5-1/2" RBP and set @ ±4800'.	
	rating DML charges @ 2 JSPF & spiral phasing
Set packer @ ±4700'. Swab test well & cat	ch samples.
Acidize perforations from 4724'-4744' w/20	100 gal. acid.
Fracture stimulate perforations 4724'-4744	' down casing w/17.000 gal. of poly-emulsion

carrying 28000# 20/40 mesh sand and 32,000# 12/20 mesh Ottawa sand.

GIH w/2-7/8" 6.5# N-80 EUE 8rd production tubing & set SN @ ±7270'. Remove BOP & NU wellhead.

Put on production and run GOR test.

I hereby certify that the inform	ution above is true and complete to the best of my knowle	, N	egulation &	
SIGNATURE	m. Sanders	Supervisor,	Proration 8/27/90	
TYPE OR PRINT NAME	L. M. Sanders		(915) 368-1411 TELEPHONE NO.	
(This space for State Usa)	ORIGINAL SIGNED BY MIKE WILLIAMS		AUG 3 1 1990	
APTROVED BY	SLÎPFRVISOR, DISTRICT II	mu	DATE	
CONDITIONS OF APPROVAL, IF ANY:				