

Submit 3 Copies  
to appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

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

OIL CONSERVATION DIVISION  
P.O. Box 2088 RECEIVED  
Santa Fe, New Mexico 87504-2088

OCT 25 '90

WELL API NO. 30-015-25758
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. K-3271
7. Lease Name or Unit Agreement Name  James-A
8. Well No. 3
9. Pool name or Wildcat Cabin Lake (Delaware)

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator PHILLIPS PETROLEUM COMPANY	
3. Address of Operator 4001 Penbrook St., Odessa, TX 79762	
4. Well Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>2</u> Township <u>22-S</u> Range <u>30-E</u> NMPM <u>Eddy</u> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3178.6' DF; 3167.6' GL	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: Perforate, acidize & fracture <input checked="" type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

7/12/89 MI & RU DDU.  
7/13/89 Perforate 5647'-5700' (53', 212 holes).  
7/16/89 Acidize perforations 5647'-5700' w/2800 gal. 15% NeFe HCL  
7/18/89 Fracture treat perforations 5647'-5700' w/9000 gal. of 60 quality CO2 foam w/10,000# 16/30 mesh sand.  
8/28/89 Pumped 7 BO & 163 BW.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE J.M. Sanders TITLE Supervisor, Regulation & Proration DATE 10/22/90  
TYPE OR PRINT NAME J.M. Sanders (915) 368-1411  
TELEPHONE NO.

(This space for State Use) ORIGINAL SIGNED BY

APPROVED BY MIKE WILLIAMS TITLE SUPERVISOR, DISTRICT II DATE NOV 2 1990

CONDITIONS OF APPROVAL, IF ANY: