

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  
Santa Fe, New Mexico 87504-2088

WELL API NO.  
30-015-25758

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
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.)

1. Type of Well:  
OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator  
Phillips Petroleum Company

7. Lease Name or Unit Agreement Name

James A

3. Address of Operator  
4001 Penbrook Street, Odessa, TX 79762

8. Well No.  
3

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 Range 30-E NMPM Eddy County

10. Elevation (Show whether DP, 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:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: Convert to SWD ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: ☐

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.

1. MI&RU DDU. NU Class 2 BOP.
2. GIH w/5-1/2" Baker Lok-set plastic coated pkr & 2-7/8" on/off tool on 2-7/8" tbg. to +4600'.
3. Pressure test tubing-casing annulus to 500 psi and conduct integrity test. Notify the NMOC to witness test.
4. ND BOP. NU top flange & SI well pending installation of injection line.
5. RD DDU.

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

SIGNATURE

TITLE

Supv. Regulatory Affairs

DATE

03-23-93

TYPE OR PRINT NAME

L. M. Sanders

(915)

TELEPHONE NO. 368-1488

(This space for use by the State)

ORIGINAL SIGNED BY RAY SMITH

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: