

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.)

7. Lease Name or Unit Agreement Name

James A

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

2. Name of Operator
Phillips Petroleum Company

8. Well No.
3

3. Address of Operator
4001 Penbrook Street, 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 Range 30-E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3178.6' DF; 3167.6' GR

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: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Installed injection line. ☒

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.

11-08-93 - Well was temp. dropped from report on April 2, 1993, pending installation of 2-1/2" high pressure injection line. Line is completed and well is taking water at the rate of 1900 bbls. per day with tubing pressure of 175#.

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

SIGNATURE L. M. Sanders TITLE Supv. Regulatory Affairs DATE 11-11-93

TYPE OR PRINT NAME L. M. Sanders TELEPHONE NO. (195) 368-1488

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS

SUPERVISOR, DISTRICT II

APPROVED BY SUPERVISOR, DISTRICT II DATE NOV 20 1993

CONDITIONS OF APPROVAL, IF ANY: