

## DISTRICT I

P.O. Box 1960, 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

RECEIVED

JUL 05 1991

WELL API NO.

30-015-25768

5. Indicate Type of Lease

STATE ☒FEE ☐

6. State Oil &amp; Gas Lease No.

K-3271

SUNDRY NOTICES AND REPORTS ON WELLS O. C. D.  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BASED ON 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

3. Address of Operator

4001 Penbrook St., Odessa, Texas 79762

7. Lease Name or Unit Agreement Name

James A

8. Well No.

4

9. Pool name or Wildcat

Cabin Lake (Delaware)

4. Well Location

Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East LineSection 2Township 22-SRange 30-E

NMPM

Eddy

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3182' GL; 3193' DF

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: Isolate & Test Cherry Canyon Zone ☒

## 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.

MI RU DDU. COOH with rods and pump. Install BOP

Release tubing anchor at + 5473' and COOH with 2 7/8", 6.5 #/ft, N-80 productoin tubing and anchor.

GIH with 5 1/2" RBP and packer on 2 7/8" production string. Set RBP @ + 5665'. Set packer at + 5650'. Test RBP to 500 psi.

Set SN @ + 5630' and anchor @ + 5400' in 18,000# tension.

Pump Cherry Canyon Zone 5529'-5632' until production stabilizes.

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

SIGNATURE

L. M. Sanders

TITLE

Supervisor,

Regulation &amp; Proration

DATE 7-2-91

TYPE OR PRINT NAME

(915) 368-1411

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

APPROVED BY

SUPERVISOR, DISTRICT II

TITLE

DATE

JUL 12 1991

CONDITIONS OF APPROVAL, IF ANY: