		. •	CIST	
Submit 3 Copies to Appropriate District Office	State of Ne Energy, Minerals and Natur		Form C-103 Revised 1-1-89	
DISTRICT I P. O. Box 1980, Hubbs, NM 88240 DISTRICT II DISTRICT II			WELL API NO. 30-015-25962	
<u>DISTRICT II</u> P. O. Drawer DD, Artesia, NM 88210 DISTRICT III	Santa Fe, New M	exico 87504-2088 FEB 27 '89	5. Indicate Type of Lease STATE STATE FEE	
1000 Rio Brazos Rd., Aztec, NM 8741	· · · · · · · · · · · · · · · · · · ·	0. C. D.	6. State Oil & Gas Lease No. K-3271	
SUNDRY N (DO NOT USE THIS FORM FO TO A DIFFERENT F (FOR	7. Lease Name or Unit Agreement Name			
	GAS VELL DOTHER	ι	James A	
2. Name of Operator Phillips Petroleum Co	8. Welt No. 5			
3. Address of Operator 4001 Penbrook St., Odessa, TX 79762			9. Pool name or Wildca Cabin Lake/ <del>Devoni</del> an	
4. Well Location Unit Letter 0 :	660 Feet From The S	outhLine and ]	.800 Feet From The <b>East</b> Line	
Section 2	Township 22-S	Range 30-E	NMPM Eddy County	
	10. Elevation (3 3188.6' 6	Show whether DF, RKB, RT, GR, e	tc.)	
11. Check A	Appropriate Box to Indica	te Nature of Notice, Re	eport, or Other Data	
NOTICE OF INTENTION TO:			BSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ TEMPORARILY ABANDON [ PULL OR ALTER CASING [	PLUGANDABANDON	REMEDIAL WORK COMMENCE DRILLING OP CASING TEST AND CEMEN	PLUG AND ABANDONMENT	
OTHER: Fracture Treat P	Perforations 🛛 🛛	OTHER:	0	
12. Describe Proposed or Comple proposed work) SEE RULE 1103		nent details, and give pertinent dat	es, including estimated date of starting any	

GIH with a full opening RTTS-type packer on 2-7/8" tubing. Pressure test tubing to 5000 psi. Set packer at  $\pm$  5525'.

Fracture treat perforations 5627'-5666' down 2-7/8" tubing with 9,000 gallons of 60 quality CO2 foam carrying 10,000 lbs 16/30 mesh sand in one stage. Frac valve and all connections to be rated for 5,000 psi. Pressure test all surface lines to 5000 psi. Load annulus with clean potash brine and maintain 1000 psi on annulus during treatment. Monitor during treatment.

SIGNATURE A.M. Danderso		TITLE Supv. Regulation/Proration DATE 2/24/89		
TYPE OR PRINT NAME	L. M. Sanders Original Signed By Mike Williams	TELEPHONE NO. 915-367-1488		
(This space for State Use)				
APPROVED BY	Mike Williams	TITI.E	DATEFES 2 8 1989	