

Submit 3 Copies  
to appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

clsf  
DP

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

MAY 8 '89

O. C. D.

WELL API NO. 30-015-26031
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. 6
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 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

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

4. Well Location  
Unit Letter I : 1980 Feet From The South Line and 660 Feet From The East Line  
Section 2 Township 22-S Range 30-E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
GL 3207.7'; KB 3217.7'

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: perforate and acidize ☒

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.

1/25/89 Perforated cherry canyon w/ 4" OD casing gun 5679'-5689', 10', 20 holes & 5694'-5712', 18', 36 holes.

1/26-2/1/89 swabbing

3/7/89 Acidize perfs 5679'-5712' w/ 2800 gal. 15 % NeFe HCL.

Temp. drop from report pending evaluation.

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

SIGNATURE L.M. Sanders

Regulation and  
Supervisor, Proration DATE 5/5/89

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

Original Signed By  
Mike Williams

MAY 8 1989

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

DATE

CONDITIONS OF APPROVAL, IF ANY:

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WELL API NO.	30-015-26031
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
8. Well No.	6
9. Pool name or Wildcat	Cabin Lake (Delaware)
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	GL 3207.7'; KB 3217.7'

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 <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 I : 1980 Feet From The South Line and 660 Feet From The East Line
Section 2	Township 22-S Range 30-E NMPM Eddy County

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: Fracture treat perforation <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input 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.

MI & RU DDU. Install BOP. GIH w/full opening RTTS-type packer on 2-7/8" work string. Pressure test tbg. to 5000 psi. Set packer @ ±5575'.

Fracture treat perforation 5679'-5712' w/9000 gal. 60 quality CO<sub>2</sub> foam w/10000# 16/30 mesh sand in one stage.

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 & Proration DATE 5/5/89

TYPE OR PRINT NAME \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

(This space for State Use)

Original Signed By Mike Williams

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE MAY 8 1989

CONDITIONS OF APPROVAL, IF ANY: