to Appropriate District Office	Energ ¹² Minerals and Natural Resources Department OIL CONSERVATION DIVISION P.O. Box 2088		en.	Form C-103 Revised 1-1-89	al
DISTRICT P.O. Box 1980, Hobbs, NM 88240			WELL API NO.		——————————————————————————————————————
DISTRICT II	Santa Fe, New Mexico		30-015-2623	32	
P.O. Drawer DD, Artesia, NM 88210 DISTRICT III	•		5. Indicate Type of Lease	STATE X FE	
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease 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 RESE (FORM (RVOIR. USE "APPLICATION FOR PE 2-101) FOR SUCH PROPOSALS.)	RMIT	7. Lesse Name or Unit A James A	greement Name	
1. Type of Well: OL GAS WELL XXK WELL	OTHER		bullies A		
2. Name of Operator PHILLIPS PETROLEUM	1 COMPANY		8. Well No. 7		
3. Address of Operator 4001 Penbrook St.	, Odessa, Texas 79762		9. Pool name or Wildcat Cabin Lake (D	elaware)	
4. Well Location Unit Letter P : 500	Feet From The South	Line and 660	Feet From The	East	Line
Section 2	Township 22-5	ange 30-E	NMPM Eddy	Co	unty
	10. Elevation (Show whether 3223.0' GL	DF, RKB, RT, GR, etc.)			
11. Check	Appropriate Box to Indicate	Nature of Notice, R	eport, or Other Data	//////////////////////////////////////	
NOTICE OF IN	TENTION TO:		SEQUENT REPO		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTE	RING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. DPLUG	AND ABANDONME	NT 🗌
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB		
OTHER: Perforate, acidize	& fracture treat xx	OTHER:			
12. Describe Proposed or Completed Opera work) SEE RULE 1103.	tions (Clearly state all pertinent details, as	nd give pertinent dates, includ	ling estimated date of startin	g any proposed	
2 0375, 0910,-0910	rods & pump. COOH w/ ' 13 shots, 6962'-6982 RTTS type packer. SE	' 41 Shots. lo	tal 54 shots		
Treat perforations Fracture treat the	6910'-6982' w/500 gal perforations 6910'-69 20,000# of 12/20 mesh	82' w/17.000 ga	l. polvemulsion	w/40,000# c	of
Return well to pro	duction.				
					1
I hereby certify that the difformation above is true	and complete to the best of my knowledge and	ouper 11301		10/07/00	
SIGNATURE L.M. Sanger	π m	Regulation &	Proration DA	12/27/90	
TYPE OR PRINT NAME		915/368-14	// 15	LEPHONE NO.	
MIKI	BINAL SIGNED BY	, — 		184	4004
	ERVISOR, DISTRICT IS TIME			JAN 4	1990

CONDITIONS OF APPROVAL, IF ANY: