

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

RECEIVED

JUL 26 1991

O. C. D.

ARTESIA, OFFICE

WELL API NO. 30-015-26232
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. 7
9. Pool name or Wildcat Cabin Lake (Delaware)
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3223.0' GL

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 P : 500 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: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: Complete drop <input checked="" 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.

4/4/91 Pumped 55 BO, 218 MCFG and 105 BW in 24 hrs.

COMPLETE - DROP FROM REPORT

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

SIGNATURE

TITLE

Supervisor,
Regulation & Proration

DATE

7/23/91

TYPE OR PRINT NAME

M. Sanders

(915) 368-1667
TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY

TITLE

DATE

JUL 29 1991

CONDITIONS OF APPROVAL, IF ANY: