

Submit to Appropriate  
District Office  
State Lease - 6 copies  
Fee Lease - 5 copies

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-101  
Revised 1-1-89

OIL CONSERVATION DIVISION

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

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

MAR 21 '90

API NO. (assigned by OCD on New Wells)

30-015-26312

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.  
K-3271

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:

ARTESIA, OFFICE

DRILL ☒

RE-ENTER ☐

DEEPEN ☐

PLUG BACK ☐

b. Type of Well:

OIL  
WELL ☒

GAS  
WELL ☐

OTHER ☐

SINGLE  
ZONE ☐

MULTIPLE  
ZONE ☐

7. Lease Name or Unit Agreement Name

James A

2. Name of Operator

Phillips Petroleum Company

8. Well No.

9

3. Address of Operator

4001 Penbrook St., Odessa, Texas 79762

9. Pool name or Wildcat

Cabin Lake (Delaware)

4. Well Location

Unit Letter

A

: 660

Feet From The

North

Line and

500

Feet From The

East

Line

Section

2

Township

22-S

Range

30-E

NMPM

Eddy

County

10. Proposed Depth

7500'

11. Formation

Delaware

12. Rotary or C.T.

Rotary

13. Elevations (Show whether DF, RT, GR, etc.)

3218' unprepared

14. Kind & Status Plug. Bond

Blanket

15. Drilling Contractor

will advise later

16. Approx. Date Work will start

upon approval

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17-1/2"	13-3/8"	54.5# K-55	400'	650 sacks C	Surface
12-1/4"	8-5/8"	24# K-55	3500'	1200 sacks C	Surface
7-7/8"	5-1/2"	15.5# K-55	7500'	900 sacks C	3300'

Use mud additives as required for control.

BOP EQUIPMENT: Series 900, 3000 # WP (see attached schematic Figure 7-9 or 7-10)

Part 10-1  
3-30-90  
New bore API

APPROVAL VALID FOR 180 DAYS  
APPROVED FOR 9/26/90  
SIGNED BY [Signature]

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

SIGNATURE

[Signature]

TITLE

Assistant, Regulation & Proration

3/20/90

TYPE OR PRINT NAME

J. L. Maples

DATE

(915)

TELEPHONE NO. 367-1411

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT II

TITLE

DATE

MAR 26 1990

CONDITIONS OF APPROVAL, IF ANY:

NOTED: SUFFICIENT  
TIME TO BE SPENDING THE  
85/8