

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR. DATE*
(Other instructions on re-
verse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.
NM 0479142

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

JAMES E

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Cabin Lake (Delaware)

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 11, T-22-S, R-30-E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

PHILLIPS PETROLEUM COMPANY

3. ADDRESS OF OPERATOR

4001 Penbrook ST., Odessa, TX 79762

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)

At surface

Unit A, 760' FNL & 330' FEL

14. PERMIT NO.

30-015-26371

15. ELEVATIONS (Show whether DF, RT, OR, etc.)

3293.4' GL; 3305.4' KB

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

10/11/90 Perforate 6814'-6826', 12', 24 holes, 6866'-6874', 8', 16 holes;
6895'-6902', 7', 14 holes.
10/12/90 Acidize perforations 6814'-6902' w/2700 gal. 7-1/2% NeFe acid.
10/15/90 Fracture stimulate perforations 6814'-6902' w/19000 gal.
poly-emulsion w/20/40 mesh sand & 12/20 mesh sand.
10/16/90 Flowing and swabbing backload.

18. I hereby certify that the foregoing is true and correct

SIGNED

D.M. Sanders

TITLE

Supervisor, Regulation & Proration

DATE

10/22/90

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side