Form 3160-5
November 1983)
(Formerly 9-331)

NM OIL CONS. COMMISSION
Drawer DD
Artesia, NM 88210

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

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

5. LEASE DESIGNATION AND SERIAL NO.: NM-0479142

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

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—" for such proposals.)

RECEIVED
APR 20 1993
O. C. D.
ARTESIA, OFFICE

1. OIL WELL [X] GAS WELL [ ] OTHER

7. UNIT AGREEMENT NAME:

2. NAME OF OPERATOR: Phillips Petroleum Company

8. FARM OR LEASE NAME: James E Fed

3. ADDRESS OF OPERATOR: 4001 Penbrook Street, Odessa, TX 79762

9. WELL NO.: 4

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

10. FIELD AND POOL, OR WILDCAT: Cabin Lake (Delaware)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 11, 22-S, 30-E

14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH	13. STATE
30-015-26371	3208' GL	Eddy	NM

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	[ ]	PULL OR ALTER CASING	[ ]	WATER SHUT-OFF	[ ]	REPAIRING WELL	[ ]
FRACTURE TREAT	[ ]	MULTIPLE COMPLETE	[ ]	FRACTURE TREATMENT	[ ]	ALTERING CASING	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[ ]	SHOOTING OR ACIDIZING	[ ]	ABANDONMENT*	[ ]
REPAIR WELL	[ ]	CHANGE PLANS	[ ]	(Other)			[ ]
(Other) Add Perfs Acdz, Squz, & Frac			[X]	(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.)*

1. MI&RU DDU. Pull rods and pump. NU BOP.
2. Release packer. COOH with 2-7/8" production tubing and packer.
3. Set RBP at ±6950'. Test RBP to 1000 psi. Dump 3 sx sand.
4. GIH with 2-7/8" tubing to ±6910'. Spot 35 sx Class "C" Cement with .6% Halad-322 (calc TOC @6560'). Pull up hole to ±6550'.Circulate excess cmt.
5. Hesitate squeeze Delaware perforations 6814-6902'.
6. Shut-in well 18 hours to allow cement to cure.
7. Tag top of cement. COOH with 2-7/8" tubing. GIH with bit, drill collars, & SN on 2-7/8" tubing. Drill out cement plug to ±6910'.
8. Make swab run to check for fluid entry from squeezed perfs 6814-6902'.
9. COOH with 2-7/8" tubing, SN, drill collars & bit.
10. Retrieve RBP at ±6950. Reset RBP to ±6000'. Test RBP to 1000 psi. Dump 2 sx sand.
11. Perforate with 4" casing gun, 1 JSPF. 5902-5924'=23 shots.
12. Treat perforations 5902-5924' with 1100 gallosn 7-1/2% NeFe HCl acid. Swab.
13. Fracture treat the Delaware through perforations 5902-5924' down 2-7/8" tbg. as follows: Frac Fluid: 6,000 gals 35-lb linear gel (3% diesel) prepad, 31,000 gals borate x-linked 35-lb gel (3% diesel) pad and 2,500 gals 35-lb. linear gel (3% diesel) carrying 21,250 lbs 16/30 mesh Ottawa Sand.
14. RIH with SLM and tag fill. Clean out to ±6000' if necessary.
15. Retrieve RBP at ±6000'. Reset RBP to ±5850'. Test RBP to 1000 psi. Dump 2 sx sand.

(Over)

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

SIGNED L. M. Sanders TITLE Supv. Regulatory Affairs DATE 03-15-93

(915) 368-1488

(This space for Federal or State office use)

APPROVED BY Orig. Signed by Adam Salameh TITLE PETROLEUM ENGINEER DATE 4/17/93

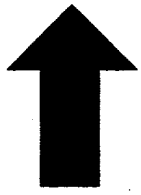
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

16. Perforate 5-1/2" casing with 4" casing gun, 1 JSPF: 5748-5770' = 23 shots.
17. Treat Perforations 5748-5770' with 1100 gals. 7-1/2% NeFe HCl acid. Swab.
18. Fracture treat the Delaware through perforations 5748-5770' down 2-7/8" tubing as follows: Frac Fluid 6,000 gals. 35-lb linear gel (3% diesel) prepad, 33,000 gals. borate x-linked 35-lb. gel (3% diesel) pad and 2,350 gals 35-lb. linear gel (3% diesel) carrying 19,875 lbs. 16/30 mesh Ottawa sand.
19. RIH with SLM and tag fill. Clean out to ±5850' if necessary.
20. Retrieve RBP at ±5850'. Reset RBP to ±5720'. Test RBP to 1000 psi. Dump 2 sx sand.
21. Perforate 5-1/2" casing with 4" casing gun, 1 JSPF 5656-5676' = 21 shots.
22. Treat perforations 5656-5676' with 1000 gals 7-1/2% NeFe HCl acid. Swab.
23. Fracture treat the Delaware through perforations 5656-5676' down 2-7/8" tubing as follows: Frac fluid: 5,000 gals 35-lb. linear gel (3% diesel) prepad, 30,000 gals borate x-linked 35-lb gel (3% diesel) pad and 1,950 gals 35-lb. linear gel (3% diesel) carrying 16,500 lbs. 16/30 mesh Ottawa Sand.
24. RIH with SLM and tag fill. Clean out to ±5720' if necessary.
25. Retrieve RBP at ±5720'. Reset RBP to ±6000'.
26. RIH with SLM and tag fill. Clean out to 6000' if necessary. Retrieve RBP at ±6000'. COOH with RBP.
27. GIH with 2-7/8" production tubing. Set end of sand screen joint at ±5580', SN at ±5550' and tubing anchor at ±5490'.
28. GIH with pump and rod string.
29. Return well to production with the existing 102" stroke at 8.5 spm.

AF:ehg
03-16-93



LTR

Job separation sheet

Submit 5 Copies
Appropriate District Office
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

State of New Mexico
rgy, Minerals and Natural Resources Departm

OIL CONSERVATION DIVISION

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

RECEIVED
JAN 28 1993
O. C. D.

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Well API No.
Phillips Petroleum Company	30-015-26371

Address
4001 Penbrook Street, Odessa, TX 79762

Reason(s) for Filing *(Check proper box)*

New Well ☐ Recompletion ☐ Change in Operator ☐

Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☒ Condensate ☐

Other *(Please explain)*: To Change Effective Date 10-25-90

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
James E Fed	4	Cabin Lake (Delaware)		NM 0479142

Location

Unit Letter A : 760 Feet From The North Line and 330 Feet From The East Line

Section 11 Township 22-S Range 30-E , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address *(Give address to which approved copy of this form is to be sent)*
Phillips Petroleum Company Trucks	P.O. Box 791, Midland, TX 79702
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	**Address *(Give address to which approved copy of this form is to be sent)***
Llano, Inc.	921 W. Sanger, Hobbs, NM 88240

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	B	11	22S	30E	Yes	12/21/90

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations *(DF, RKB, RT, GR, etc.)*	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
Perforations			**Depth Casing Shoe**

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL *(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)*

Date First New Oil Run To Tank	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas- MCF**

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method *(pitot, back pr.)*	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the Rules and Regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

L. M. Sanders

Signature

L. M. Sanders Supv., Reg. Affairs

Printed Name / Title

1-26-93 (915)368-1488

Date / Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____

By _____

Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
2) All sections of this form must be filled out for allowable on new and recompleted wells.
3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
4) Separate Form C-104 must be filed for each pool in multiply completed wells.