

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions  
verse side)

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

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

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

PHILLIPS PETROLEUM COMPANY

JAN 23 '91

3. ADDRESS OF OPERATOR

4001 Penbrook St. Odessa, TX 79762

O. C. D.

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

Unit H, 1810' FNL & 330' FEL

ARTESIA, OFFICE

5. LEASE DESIGNATION AND SERIAL NO.

NM0479142

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

James E

9. WELL NO.

5

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

14. PERMIT NO.

30-015-26380

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

GL 3287.7'; KB 3299.7'

12. COUNTY OR PARISH

Eddy

13. STATE

NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANE

(Other)

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.)

Perforate 5-1/2" casing with 4" casing gun, 2 JSPF 7168'-7190'-45 shots, 7212'-7240'-57 shots.

Set RBP @ ±7300'. Set RTTS type packer & test RBP to 500 psi. Dump 2 sk sand. Reset packer to ±7100'. Treat perforations 7168'-7240' w/1500 gal. 7-1/2% NEFE HCL acid. Swab back load. Release packer & COOH.

Fracture treat perforations 7168'-7240' w/34000 gal. polyemulsion w/88000# of 16/30 mesh sand and 32000# mesh resin-coated sand. Swab back load. Return to production.

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

SIGNED

*Joy M. Sanders*  
L. M. Sanders

Supervisor

Regulation and Proration

DATE 1/14/91

(This space for Federal or State office use)

(915) 368-1411

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side