

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

PERMIT INSTRUCTIONS
(Other instructions on reverse side)

LEASE DESIGNATION AND SERIAL NO.

NM 0479142

INDIAN ALLOTMENT 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 depth. Use "APPLICATION FOR PERMIT" for such proposals.)

RECEIVED

OIL WELL ☒ GAS WELL ☐ OTHER

AUG 02 1991

2. NAME OF OPERATOR

PHILLIPS PETROLEUM COMPANY

O. C. D.
ARTESIA, OFFICE

3. ADDRESS OF OPERATOR

4001 Penbrook St., Odessa, Texas 79762

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

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., OR BLM. 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

FRACTURE TREAT

SHOOT OR ACIDIZY

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 a 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.)

4/26/91 Pumped 77.5 BO, 219 MCFG, 196 BW, 2825/1 GOR in 24 hours.

COMPLETE DROP FROM REPORT

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

SIGNED

L. M. Sanders (915) 368-1667

Supervisor,

Regulation and Proration

DATE 7/25/91

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

1991
SJS

*See Instructions on Reverse Side