

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other Instructions on back
reverse side)

LEASE DESIGNATION AND SERIAL NO.
NM 70335
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.)

AUG 0 7 1991

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

PHILLIPS PETROLEUM COMPANY

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 M, 700' FWL & 660' FSL

14. PERMIT NO.

30-015-36298

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

3314' KB, 3302' GR

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Livingston Ridge Fed

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Cabin Lake (Delaware)

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

Sec. 1, T-22-S, R-30-E

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 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) Drop from report

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

XXX

(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 and 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.)*

5/15/91 Pumped 85.6 BW, 199 BW, 68 MCF Gas, GOR 794/1 in 24 hrs.

JOB COMPLETE - DROP FROM REPORT

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

SIGNED

M. Sanders

(915)

368-1667

Supervisor,
Regulation and Proration

DATE

7/26/91

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

