Forn 160-5 (Aug 1999)

## U ED STATES DEPARTMENT OF THE INTERIOR

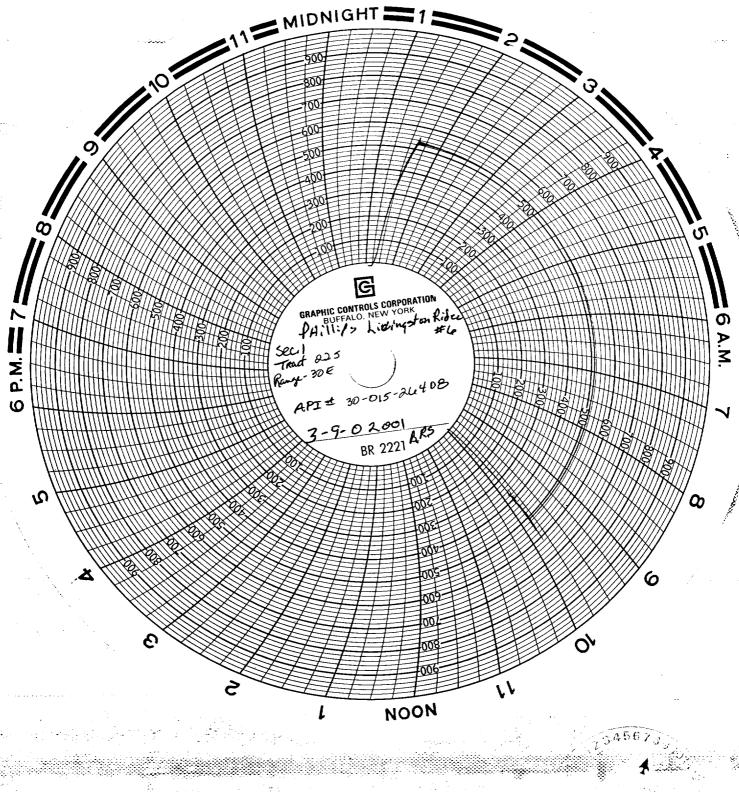
5.	Lease	Serial	No

Expires:November30, 2000

FORM APPROVED

OMB NO. 1004-0135

Do not use this form for proposals to drill or to re-enter an					5. Lease Serial No.	
					NM 70335	
					6. If Indian, Allottee or Tribe Name	
abandoned well. Use Form 3160-	3 (APD) for such proposa	ls.				
SUBMIT IN TRIPLICATE - Other inst	ructions on reverse side	<b>A</b>	· • ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	7. If Unit or CA/	Agreement, Name and/or No.	
1. Type of Well  X Oil Well Gas Well Other	/ ·		15	8. Well Name an		
2. Name of Operator Phillips Petroleum Company		RECEIVED OCD - ARTES	IIA S	FED  9. API Well No.		
3a. Address		noneNo. (include area	code)	30-015-2640		
4001 Penbrook Street, Odessa, TX 79762 4. Location of Well (Footage, Sec., T., R., M., or Survey Descr		368-1488		10. Field and Pool CABIN LAKE	ol, or Exploratory Area (DFI AWARF)	
UNIT K, 1980' FWL & 1980' FSL OF SEC. 1	ιρτιοπ)					
T-22-S, R-30-E				11. County or Pa	rish, State	
				EDDY	NM NM	
12. CHECK APPROPRIATE B	OX(ES) TO INDICATI	E NATUREOF NOT	ICE, REPORT	OROTHERDAT	Α	
TYPE OF SUBMISSION TYPE OF ACTION						
X Notice of Intent	Acidize	Deepen	Y Production	n (Start/Resume)	Water Shut-Off	
Notice of Intent	Alter Casing	Fracture Treat	Reclamation		Well Integrity	
Subsequent Report		New Construction	Recomplete	F	Other	
	Casing Repair  Change Plans	Plug and Abandon	= '	ily Abandon		
Final Abandonment Notice		•		· -		
Convert to Injection Plug Back Water Disposal						
Describe Proposed or CoommpletedOperation (clearly state If the proposal is to deepen directionally or recomplete hor Attach the Bond under which the work will be performed following completion of the involved operations. If the operation is determined that the final site is ready for final inspection.) 03/09/01 RAN MECHANICAL INTEGRITY TEST CONTACTED OCD OFFICE OUT OF REPRESENTATIVE ON LOCATION.	nzontally, give subsurface or provide the Bond No. eration results in a multiphall be filed only after a CHART ATTACHI ARTESIA SPOKE W.	on file with BLM/B ele completion or recon all requirements, inclu- ED) START 545 I ITH MIKE STUBBI	IA. Required sur ippletion in a new ding reclamation	cal depuis of all p besequent reports sh w interval, a Form i, have been comp	all be filed within 30 days 3160-4 shall be filed once leted, and the operator has	
PLAN TO ADD ADDITIONAL PERFS IN THE DE	ELAWARE FORMATIO	N IN ORDER TO I	REACTIVATE	WELL. PROC	EDURE TO FOLLOW.	
14. I hereby certify that the foregoing is true and correct Name( <i>Printed/Typed</i> )	Ti	tle				
L.M. SANDERS		SUPERVISOR, REGULATION/PRORATION.				
I lang ket sur for h. Wh.	Jorna I	ate 8-06-01				
	CE FOR FEDERAL	·	ICE USE	15.		
Approved by	<del>.</del>	Title		Date	: 	
Conditions of approval, if any, are attached. Approval of this r certify that the applicant holds legal or equitable title to those which would entitle the applicant to conduct operations thereon.	otice does not warrant o rights in the subject leas	Office				



OCD RECEIVED
ARTESIA

0-159 0-786 0-Bradenhead Living ston Ridge #Ce Start 545 Finish 510

T/A well. 30min. Test

Used Kill truck to test Did not use pulling Unit

Contacted OCD office out of alteria spoke w/mike stubblefield, ranchant w/out OCD representative on location.

CIBP- set @ 7350

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