

BUREAU OF LAND MANAGEMENT

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 ☐

DEC - 4 1991

2. NAME OF OPERATOR

PHILLIPS PETROLEUM COMPANY

O. C. D.

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

Surface: Unit L, 1200' FWL & 2240' FSL

Bottom Hole Location: Unit L, 660' FWL & 1980' FSL

14. PERMIT NO.

30-015-26436

15. ELEVATIONS (Show whether DF, ST, CR, etc.)

3307.6' GL; 3318.6' KB

5. LEASE DESIGNATION AND SERIAL NO.

NM 70335

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Livingston Ridge Fed

9. WELL NO.

2

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)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Complete drop from report

(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.)*

7/3/91 Pumped 114 BO, 200 BW, 102 MCF, GOR 895/1 in 24 hrs.

COMPLETE DROP FROM REPORT

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

SIGNED

(This space for Federal or State use)

TITLE

Supervisor,
Regulation & Proration

DATE

11/20/91

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

2

SJS