

Submit to Appropriate
District Office
State Lease - 6 copies
Fee Lease - 5 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-0088

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

API NO. (assigned by OCD on New Wells)

30-015-26510

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

K-3271

OCT 1 '90

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:

DRILL ☒

RE-ENTER ☐

DEEPEN ☐

PLUG BACK ☐

b. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER ☐

SINGLE
ZONE ☒

MULTIPLE
ZONE ☐

7. Lease Name or Unit Agreement Name

James A

2. Name of Operator

PHILLIPS PETROLEUM COMPANY

8. Well No.

11

3. Address of Operator

4001 Penbrook St. Odessa, Texas 79762

9. Pool name or Wildcat

Cabin Lake (Delaware)

4. Well Location

Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East Line

Section 2 Township 22-S Range 30-E NMPM Eddy County

10. Proposed Depth

7500'

11. Formation

Delaware

12. Rotary or C.T.

Rotary

13. Elevations (Show whether DF, RT, GR, etc.)

3192' GL (unprepared)

14. Kind & Status Plug. Bond

Blanket

15. Drilling Contractor

Advise later

16. Approx. Date Work will start

upon approval

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17-1/2"	13-3/8"	48#	400'	700 sk C	surface
12-1/4"	8-5/8"	24#	3500'	1200 sk C + 200 sk C Heat Tail	surface
7-7/8"	5-1/2"	15.5#	7500'	200 sk C Heat(1)	4500'
				200 sk C + 250 C Heat(2)	

BOP EQUIPMENT SERIES 900, 3000# WP (see attached schematic Figure 7-9 or 7-10)

(1) 1st stage

(2) 2nd stage

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 4/25/91
UNLESS DRILLING UNDERWAY

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

L. M. Sanders

TITLE

Supervisor, Regulation & Proration 9/28/90

DATE

(915) 368-1411

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

APPROVED BY

SUPERVISOR, DISTRICT II

TITLE

DATE

OCT 25 1990

CONDITIONS OF APPROVAL, IF ANY:

NOTIFY N.M.O.C.D. IN SUFFICIENT
TIME TO WITNESS CEMENTING THE
1378 + 8 5/8 CASING