

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

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

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.  
30-015-26510

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
K-3271

7. Lease Name or Unit Agreement Name

James A

8. Well No.  
11

9. Pool name or Wildcat  
Cabin Lake (Delaware)

**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"  
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:  
OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator  
Phillips Petroleum Company

3. Address of Operator  
4001 Penbrook St., Odessa, Texas 79762

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. Elevation (Show whether DF, RKB, RT, GR, etc.)  
GL 3192.4'; KB 3204.4'

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: Perf. acidize, fracture treat ☒

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

12/18/90 Perforate 5-1/2" casing w/4" casing gun, 2 JSPF, 7228'-7276', 96 shots.  
12/19/90 Acidize perforations 7228'-7276' w/1000 gal. 7-1/2% NeFe HCL.  
12/20/90 Fracture treat perforations 7228'-7276' w/34000 gal. polyemulsion w/  
16/30 mesh sand.  
12/21/90 Flowing back load.  
1/9/91 Put on pump.  
1/17/91 Pumped 25 BO & 140 BW.  
Temp. drop pending potential test.

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

SIGNATURE L. M. Sanders TITLE Regulation & Proration DATE 1/18/91

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY  
MIKE WILLIAMS

SUPERVISOR, DISTRICT II

JAN 24 1991

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: