

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
RECEIVED

MAR 6 1991

WELL API NO. 30-015-26510
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
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 O. C. D.
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator PHILLIPS PETROLEUM COMPANY
3. Address of Operator 4001 Penbrook St., Odessa, TX 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 NMMP Eddy County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3192.4' GR; 3204.4' KB	

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: add perforations, acidize & fracture ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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.

MI & RU DDU. Pull rods & pump. Install BOP. COOH w/production tbq.
Perforate 5-1/2" casing w/4" casing gun, 2 JSPF 5966'-5980', 29 shots.
Treat perforations 5966'-5980' w/500 gal. 7-1/2% NeFe HCL acid.
Fracture treat perforations 5966'-5980' w/10,000 gal. polyemulsion w/20000# 20/40
mesh sand & 6000# resin-coated 16/30 mesh sand

Return to production.

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 DATE 3/5/91
TYPE OR PRINT NAME L. M. Sanders (915) 368-1411
TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SANTA FE DISTRICT

APPROVED BY _____ TITLE _____ DATE MAR 8 1991

CONDITIONS OF APPROVAL, IF ANY