

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

JUN 24 1991

|   |
|---|
| WELL API NO.<br>30-015-26510  |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.<br>K-3271  |
| 7. Lease Name or Unit Agreement Name<br>James A   |
| 8. Well No.<br>11   |
| 9. Pool name or Wildcat<br>Cabin Lake (Delaware)  |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br>3192.4' GR; 3204.4' KB                        |

|  |  |
|--|--|
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(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:<br>OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>  |  |
| 2. Name of Operator<br>PHILLIPS PETROLEUM COMPANY  |  |
| 3. Address of Operator<br>4001 Penbrook St., Odessa, TX 79762  |  |
| 4. Well Location<br>Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East Line<br>Section 2 Township 22-S Range 30-E NMPM Eddy County   |  |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br>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: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: Complete - drop from report ☒

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.

6/18/91 Pumped 12 B0, 230 BW & 13 MCFG in 24 hrs. Complete - drop from report.

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 6/20/91  
TYPE OR PRINT NAME L. M. Sanders TELEPHONE NO. (915) 368-1667

(This space for State Use)

ORIGINAL SIGNED BY  
MIKE WILLIAMS  
SUPERVISOR, DISTRICT II

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE JUN 28 1991

CONDITIONS OF APPROVAL, IF ANY: