

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED	
2. NAME OF OPERATOR Phillips Petroleum Company		JUN 25 1992	
3. ADDRESS OF OPERATOR 4001 Penbrook St., Odessa, TX 79762		O. C. D. STATE OFFICE	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  Unit C, 660' FNL & 1980' FWL		5. LEASE DESIGNATION AND SERIAL NO. NM 0479142	
14. PERMIT NO. API 30-015-26644		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3336' KB; 3324' GL	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		7. UNIT AGREEMENT NAME	
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.)*		8. IF INDIAN, ALLOTTEE OR TRIBE NAME	
		9. FARM OR LEASE NAME James E Fed	
		10. FIELD AND POOL, OR WILDCAT Cabin Lake (Delaware)	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12, T22S, R30E	
		12. COUNTY OR PARISH Eddy	
		13. STATE NM	

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other) Add perfs, acidize & frctr ☒

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\*

(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.)\*

1. MI & RU DDU. Pull rods and pump. COOH with 2-7/8", production tubing and tubing anchor.
2. Pull up hole to +6600'. Spot 5 bbls 10% acetic acid.
3. Halliburton Logging Services to install lubricator. Perforate 5-1/2" casing with 4" casing gun, 1 JSPF, as follows: 6576'-6600' 25 shots.
4. Charger to test all lines to 4500 psi. Treat the Delaware through perforations 6576'-6600' down 2-3/8" workstring with 600 gallons 7-1/2% NEFe HCl acid.
5. Swab back load.
6. Acid Engineering to fracture treat the Delaware through perforations 6576'-6600'.  
Frac Fluid: 22,000 gallons 35 lb borate x-linked gelled 2% KCl water (3% diesel) pad and 5,750 gallons 35 lb gelled 2% KCl water (3% diesel) carrying 30,000 lbs of 20/40 mesh Ottawa Sand and 15,000 lbs of 16/30 mesh resin-coated Ottawa Sand.
7. Swab back load.
8. GIH with 2-7/8", production tubing. Set tubing @ +6631', SN at +6600' and tubing anchor @ +6510'. Remove BOP and NU wellhead.
9. GIH with pump and rod. Place on production.

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

SIGNED L. M. Sanders

TITLE Supervisor, Reg. & Pro. DATE 6/17/92

(This space for Federal or State office use)

APPROVED BY L. M. Sanders

TITLE Supervisor, Reg. & Pro.

DATE 6-23-92

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side