

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"/>	5. LEASE DESIGNATION AND SERIAL NO. NM-0479142
2. NAME OF OPERATOR Phillips Petroleum Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 4001 Penbrook Street, Odessa, TX 79762	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit D, 660' FNL & 660' FWL	8. FARM OR LEASE NAME James E. Ford
14. PERMIT NO. API 30-015-26655	9. WELL NO. 11
15. ELEVATIONS (Show whether SP, ST, GR, etc.) 3321'DF; 3309'GR	10. FIELD AND POOL, OR WILDCAT Cabin Lake (Delaware)
	11. SEC., T., R., N., OR S.E. AND SURVEY OR AREA Sec. 12, 22-S, 30-E
	12. COUNTY OR PARISH Eddy
	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATES SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) Added Perfs & Acidized	<input checked="" type="checkbox"/>

(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.) *

- 11-17-92 - Pulled rods and pump. Pulled 2-7/8" prod. tbg. Picked up 5-1/2" RBP and pkr. on 2-7/8" tbg. Pulled tbg. to 5950' and spotted 450 gals of 10% acetic acid. COOH w/tbg. & pkr. Perf. 5550-5920'. (Total of 30 shots) PU 5-1/2" pkr. on 2-7/8" tbg. and WIH. Test tbg. to 4500 psi while GIH. Set pkr. @5587'.
- 11-18-92 - RU and ran GR-Temp log from 6000-5500'. Swabbed. Acidized Delaware perfs. 5550-5920' w/2500 gals of 7-1/2" NeFe HCl.
- 11-19-92 - Swabbed.
- 11-23-92 - Swabbed. RU to frac Delaware Perfs. 5550-5920'. w/69,000 gals borate x-linked 35-lb gelled 2% KCl water (3% deisel) carrying 138,000 lbs. of 20/40 mesh Ottawa Sand and 48,000 lbs. 16/30 mesh Ottawa Sand.
- 11-24-92 - RU and checked for fill. Tagged fill at 5598' w/top perf at 5550'. Tagged sand. Circulated hole clean.
- 11-25-92 - Circulate sand from 5598-6000'; RU and swabbed.
- 12-02-92 - Lay rod string down and rig down Expert Pulling Unit. Connect well to tank battery flowline.
- 12-03-92 - Well died. MI Swab Unit and swabbed. Hooked well to flowline.
- 12-07-92 - Well flowed 205 BO and 230 BW. Temporarily drop from report.

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

SIGNED L. M. Sanders

TITLE Supv. Regulatory Affairs

DATE 1-19-93

915-368-1488

(This space for Federal or State official use)

APPROVED BY David B. Glass
CONDITIONS OF APPROVAL, IF ANY:

TITLE ENGINEER

DATE 1-28-93

*See Instructions on Reverse Side

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

JUN 26 1991

J. C. D.
ARTESIA, OFFICEREQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator PHILLIPS PETROLEUM COMPANY		Well API No. 30-015-26655
Address 4001 Penbrook St., Odessa, TX 79762		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name James E	Well No. 11	Pool Name, Including Formation Cabin Lake (Delaware)	Kind of Lease State, Federal or Fee	Lease No. NM 0479142
Location Unit Letter <u>D</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>12</u> Township <u>22-S</u> Range <u>30-E</u> , <u>NMPM</u> , <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> PHILLIPS PETROLEUM COMPANY	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook St., Odessa, TX 79762	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, TX 79999	
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 11
	Twp. 22-S	Rge. 30-E
	Is gas actually connected? <u>Yes</u> When? <u>6/1/91</u>	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well XXX	Gas Well	New Well XXX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 3/20/91	Date Compl. Ready to Prod. 5/24/91	Total Depth 7660'		P.B.T.D. 7626'				
Elevations (DF, RKB, RT, GR, etc.) 3321' DF, 3309' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 7250'		Tubing Depth 7330' SN			
Perforations 7350' - 7480' & 7250' - 7280'					Depth Casing Shoe 7660'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		468'		800 sk C <u>Port ID-2</u>			
12-1/4"	8-5/8"		3700'		1600 sk C <u>7-26-91</u>			
7-7/8"	5-1/2"		7660'		1050 sk C <u>comp & BK</u>			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank 5/24/91	Date of Test 6/17/91	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 81	Water - Bbls. 281	Gas - MCF 59

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature L. M. Sanders Regulation
Printed Name L. M. Sanders, Supervisor, & Proration Title
Date 6/20/91 Telephone No. (915) 368-1667

OIL CONSERVATION DIVISION

Date Approved JUL 23 1991By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.