Submit to Appropriate
District Office
State Lease – 6 copies
Fee Lease – 5 copies

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED
APR 11 1991
ARTESIA, OFFICE

Form C-101
Revised 1-1-89

API NO. (assigned by OCD on New Wells) 30-015-26761

5. Indicate Type of Lease STATE [XX] FEE [ ]

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

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:
DRILL [XX] RE-ENTER [ ] DEEPEN [ ] PLUG BACK [ ]

b. Type of Well:
OIL WELL [ ] GAS WELL [ ] OTHER Water Injector SINGLE ZONE [ ] MULTIPLE ZONE [ ]

7. Lease Name or Unit Agreement Name: James A

2. Name of Operator: PHILLIPS PETROLEUM COMPANY

8. Well No. #1

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

9. Pool name or Wildcat: Cabin Lake (Delaware)

4. Well Location
Unit Letter P : 1250 Feet From The South Line and 1150 Feet From The East Line

Section 2 Township 22-S Range 30-E NMPM Eddy County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
7700'	Delaware	Rotary

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3200' (unprepared)	Blanket	advise later	upon approval

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17-1/2"	13-3/8"	54.5#	475'	700 sacks C	surface
12-1/4"	8-5/8"	24#	3700'	1200 sacks C	surface
7-7/8"	5-1/2"	15.5#	7700'	850 sacks C &	neat 2500' est.

USE MUD ADDITIVES AS NEEDED FOR CONTROL

BOP SERIES 900 3000# WP
(see attached schematic - figure 7-9 or 7-10)

Post ID-1
6-7-91
New Loc & API

Hearing date for water injection application is 4/18/91, Case No. 10288

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 12/5/91
UNLESS DRILLING UNDERWAY

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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 4/10/91

TYPE OR PRINT NAME L. M. Sanders TELEPHONE NO. (915) 368-1411

(This space for State Use)
APPROVED BY ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II TITLE DATE JUN 5 1991

CONDITIONS OF APPROVAL, IF ANY:

NOTIFY N.M.O.C.D. IN SUFFICIENT TIME TO WITNESS CEMENTING THE 13 3/8 - 8 5/8 - 5 1/2 Csg