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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

SEP - 9 1991

WELL API NO. 30-015-26761
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. 12
9. Pool name or Wildcat Cabin Lake (Delaware)
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3200' (unprepared)

SUNDRY NOTICES AND REPORTS ON WELLS O. C. D.
(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: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Water Injector
2. Name of Operator PHILLIPS PETROLEUM COMPANY ✓
3. Address of Operator 4001 Penbrook St., Odessa, Texas 79762
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

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	
OTHER: CHANGE WELL NUMBER <input checked="" type="checkbox"/>	

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>	

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.

Original application was for the James A Well No. 1.
Please correct this application to reflect the new well number:

JAMES A WELL NO. 12.

Post ID-3
9-20-91
why well #

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE [Signature] TITLE Supervisor, Regulation & Proration DATE 9/6/91
TYPE OR PRINT NAME L. M. Sanders (915) 368-1667 TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS

APPROVED BY SUPERVISOR, DISTRICT II TITLE DATE SEP 13 1991
CONDITIONS OF APPROVAL, IF ANY: