Submit 3 Copies to Appropriate

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office				
DISTRICT I P.O. Box 1980, Hobbs NM 88240	OIL CONSERVATIO		WELL API NO.	
P.O. Box 1980, Hobbs NM 88240 P.O. Box 2088  DISTRICT II Santa Fe, New Mexico 87504-2088		30-015-28056		
P.O. Drawer DD, Artesia, NM 88210	ourna i o, mon mono	3 0, 00 1 2000	5. Indicate Type of Lease STATE	fee E
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	0		6. State Oil & Gas Lease No.	
SUNDRY NO	TICES AND REPORTS ON WEL	LS	0479142 ////////////////////////////////////	
DIFFERENT RES	ROPOSALS TO DRILL OR TO DEEPEN ( ERVOIR, USE "APPLICATION FOR PERI C-101) FOR SUCH PROPOSALS.)		7. Lease Name or Unit Agreement Na JAMES E FEDERAL	ame
1. Type of Well: OIL GAS WELL X WELL	OTHER		)	
2. Name of Operator		4000	8. Well No.	
Phillips Petroleum Com  3. Address of Operator	ipany	MAY - 9 199b	9. Pool name or Wildcat	
4001 Penbrook Street,	Odessa, TX 79762	0.00	CABIN LAKE DELEWARE	
4. Well Location Unit Letter P : 10	60 Feet From The SOUTH	Lipe and 2 10	Feet From The EAS	T Line
Section 11	Township 22S Ra	nge <u>30E</u>	NMPM <b>EDDY</b>	County
	10. Elevation (Show whether	r DF, RKB, RT, GR, etc	)	
11. Check A	appropriate Box to Indicate	3315 GL	Danant or Other Date	
	INTENTION TO:	1	SEQUENT REPORT	OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASIN	ıa 🗆
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABAN	DONMENT
ļ		CASING TEST AND CE	[-]	
PULL OR ALTER CASING L	<u>г</u> -			ГХ
OTHER:		OTHER: FRACTURE	STIMULATE	
work) SEE RULE 1103.	operations (Clearly state all pertinent det			
U2/15/96 MIKU, PUUH W/	SUCKER ROD PUMP & RODS, E & TUBING ANCHOR, WIH W	INSTALL BUP & 1	:NVIKU IKAY, PUUH W/IO. ) 6550'. POOH W/TBG. []	3 JIS 186, Faving
3000', SDON.	L & IDDING ARCHOR, WHILE	1/209 013 104 10	, , , , , , , , , , , , , , , , , , , ,	LATING
02/16/96 WELL CLOSED I	N 24 HRS.			
02/17/96 WELL CLOSED I	N 24 HRS. String, wih W/ Kill Stri	INC DDFDADF FA	NOTTA HIMITS	
CLOSE WELL IN		ind, FREFARE 101	C 31 INOLATION	
02/19/96 RU NOR JET, W	I'IH W/91' OF NOR-JET STIM	MULATION TOOLS (	N TBG TO 6483', TEST	TO
5000# WHILE G	iH, STIMULATE AND OBSER\ WIH WITH KILL STRING, (	E SURFACE, POOP	W/ STIMULATION	
02/20/96 ( OVER )	WIN WIIN KILL SIKING, C	LUSE IN, SOUN.		
•				
I hereby certify that the information above i	s true and complete to the best of my knowledge	and belief.		
SIGNATURE AJONA	(1/ 1/		tion Analyst DATE	
TYPE OR PRINT NAME LAPTY M. S	anders /		TELEPHONE NO. (91	5)368-1488
(This space for State Use)	(18M)			
APPROVED BY	TITI	Æ	DATE	
CONDITIONS OF APPROVAL, IF ANY:	Un	-		

02/19/96 POOH W/KILL STRING, SAFETY MTG, INSTALL NOR-JET STIMULATING EOMT ON 2-7/8" TUBING & WIH T/6382', STIMULATE