

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Budget Bureau No. 1004-0185
Expires August 31, 1985

3. LEASE DESIGNATION AND SERIAL NO

NM-70333

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Peak View

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Cabin Lake (Delaware)

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 35, 21-S, 30-E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

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.)

OIL WELL ☐ GAS WELL ☐ OTHER

NAME OF OPERATOR

Phillips Petroleum Company

ADDRESS OF OPERATOR

4001 Penbrook Street, Odessa, Texas 79762

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below)
At surface

Unit 0, 960' FSL & 1880' FEL

14. PERMIT NO

API No. 30-015-26685

15. ELEVATIONS (Show whether OF, BT, GL, etc.)

3211' GL (unprepared)

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

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. WORK 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.)*

Phillips Petroleum Company request the permit to drill the Peak View Well #2 be extended for 1 year (drilling permit issued 3-20-92). All aspects of the application, including the casing program, hole size, weight per foot, setting depth & quantity of cement will remain as stated in the original APD.

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

TITLE Supervisor Reg/Proration

DATE 3-2-92

(915) 368-1488

APPROVED BY

TITLE

DATE

3-10-92

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side