

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
NM OIL CONS. COMMISSION
Dranner DD
Anterior NM 88210

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 Form 9-331-C for such proposals.)

1. oil ☒ gas ☐ other ☐
well well

2. NAME OF OPERATOR Phillips Oil Company
(Successor to General American Oil Co of TX)

3. ADDRESS OF OPERATOR Room 401
4001 Penbrook St., Odessa, Texas 79762

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: Unit B, 660' FN & 1980' FEL
AT TOP PROD. INTERVAL: same
AT TOTAL DEPTH: same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) see below	

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.)*

Approval is requested to use emergency lined and fenced pit to contain oil flow from back side of well until source of oil can be determined and remedial action can be taken.

Verbal approval received 4-4-84 per telephone conversation with Peter Chester.

Carlsbad area office/Mr. John Wade has been notified 4-4-84.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____

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

SIGNED W. J. Mueller Senior Engineering Spec. DATE April 5, 1984

APPROVED

(This space for Federal or State office use)

APPROVED BY PETER W. CHESTER TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

APR 10 1984

See Instructions on Reverse Side

LEASE LC-028784-a	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME ---	
7. UNIT AGREEMENT NAME ---	
8. FARM OR LEASE NAME Keely A Fed	
9. WELL NO. 10	
10. FIELD OR WILDCAT NAME Grayburg Jackson	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 24, T-17-S, R-29-E	
12. COUNTY OR PARISH Eddy	13. STATE New Mexico
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 3609' DF	

RECEIVED BY

APR 12 1984

O. C. D.

ARTESIA, OFFICE

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

