

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

## 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 well ☐ gas well ☒ other ☐
2. NAME OF OPERATOR  
Phillips Petroleum Co.
3. ADDRESS OF OPERATOR  
P. O. Box 2920, Casper, WY 82602
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1120' FNL/ 870' FEL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:
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) Weekly Operations Report

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.)\*

Drilled 8-1/2" hole to 10,595'.

5. LEASE  
76789-2
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
San Juan 30-6 Unit
7. UNIT AGREEMENT NAME  
San Juan 30-6 Unit
8. FARM OR LEASE NAME  
San Juan 30-6 Unit
9. WELL NO.  
112Y
10. FIELD OR WILDCAT NAME  
Wildcat
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 26, T30N, R6W
12. COUNTY OR PARISH  
Rio Arriba
13. STATE  
New Mexico
14. API NO.  
30-039-23501
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6702' RKB

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

RECEIVED

OCT 31 1984

Oil Dev Div DIST 3

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED G. W. BERRY TITLE Drilling Mgr. DATE 10-25-84

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:BLM (6)  
A.E. Stuart (1)  
NM O&G(1)  
File(1)

\*See Instructions on Reverse Side