

SUNDRY NOTICES AND REPORTS ON WELLS

1. oil well ☐ gas well ☒ other

Phillips Petroleum Co.

P. O. Box 2920, Casper, WY 82602

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

SUBSEQUENT REPORT OF:

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

PULL OR ALTER CASING

MULTIPLE COMPLETE

CHANGE ZONES

ABANDON*

(other) Weekly Operations Report

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RECEIVED (NOTE: Rep ch
DEC 7 1984

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

BUREAU OF LAND MANAGEMENT
WASHINGTON RESOURCE AREA

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 14030' T.D. Reached 14030' Nov. 17, 1984. Ran Dual Induction and BHC Sonic Logs Nov. 18, 1984. Ran Compensated Density and Compensated Neutron Log Nov. 21, 1984.

Nov. 24, 1984 ran and cemented 141 joints (6250') 7" 38# S-95 LT&C Liner. Hung liner at 7756' with 260 sx 50-50 poz with 1% D-29 and 338 sx Class 'H' with 35% D-8 + 6% KCL + 1.7% D-29 + 0.75% D-31 + 1.1% R-11.

Squeezed liner lap Nov. 25, 1984 with 300 sx Class 'H' with 0.3% D-13.
Test liner lap, it broke down at 900 psi. Re-squeezed with 300 sx Class 'H'
with 0.3% D-13. Test liner lap to 3000 psi. Held OK.

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

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

SIGNED *[Signature]* TITLE Drilling Manager DATE 11-30-84

(This space for Federal or State office use)

~~ACCEPTED FOR RECORD~~

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

BLM (6)

A.E. Stuart (1)

NM O&G (1)

$$\frac{1}{2} \frac{d}{dt} \left(\frac{1}{2} \right) = \frac{1}{2} \left(\frac{1}{2} \right)$$

TITLE

DATE _____

DEC 11 1984

FARMINGTON RESOURCE AREA

RY

*See Instructions on Reverse Side