

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
NEW MEXICO OIL CONS. COMMISSION
ARTESIA, NM 88210

5. SE NM-19197

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Phillips Federal

9. WELL NO.
2

10. FIELD OR WILDCAT NAME
East Side - 5A Oil Pool

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 15 - 8s - 31E

12. COUNTY OR PARISH
Chaves

13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
4274 - G.L.

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.)

RECEIVED
DEC 9 1982

1. oil well gas well other

2. NAME OF OPERATOR
O. C. D. Mineral Development Inc
ARTESIA, OFFICE

3. ADDRESS OF OPERATOR
965 Two Midland National Center, Midland, Tex 79701

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 660' FSL + 1980' FEI
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) <u>Change BOP Program</u>			

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

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.)*

*This refers to APD approved 12-3-82
Pursuant to telephone conversation today,
we wish to change the blowout preventer
to an annular-type preventer.*

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

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

SIGNED [Signature] TITLE Agent DATE 12-7-82

APPROVED BY [Signature] DATE _____
(This space for Federal or State Office Use)

CONDITIONS OF APPROVAL, IF ANY:
**JAMES A. GILLHAM
DISTRICT SUPERVISOR**

RECEIVED

DEC 13 1982

C. L. B.
HOBBS OFFICE

JLJ