## N. M. OIL CONS. CO'-"SSION P. O. BOUNITED STATES

| Form Approved. |        |     | •        |
|----------------|--------|-----|----------|
| Budget         | Bureau | No. | 42-R1424 |

| MORRE WITH WITHOU 28240   | 5. LEASE   |  |
|---|--|--|
| DEPARTMENT OF THE INTERIOR  | NM 801   |  |
| GEOLOGICAL SURVEY   | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                 |  |
| SUNDRY NOTICES AND REPORTS ON WELLS   | 7. UNIT AGREEMENT NAME                               |  |
| (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.)  | O SADMOD LEACE NAME                                  |  |
| reservoir, Use Form 9-331-C for Such proposals.)  | 8. FARM OR LEASE NAME                                |  |
| 1. oil gas  | Wyatt A Federal                                      |  |
| well well other convert to water inj.   | 9. WELL NO.  |  |
| 2. NAME OF OPERATOR   | 4  |  |
| Phillips Petroleum Company  | 10. FIELD OR WILDCAT NAME                            |  |
| 3. ADDRESS OF OPERATOR  | Corbin Oueen   |  |
|   | 11. SEC., T., R., M., OR BLK. AND SURVEY OR          |  |
| 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17  | AREA   |  |
| below.)   | 33,17-S, 33-E  |  |
| AT SURFACE: 1650' FN & W line   | 12. COUNTY OR PARISH 13. STATE                       |  |
| AT TOP PROD. INTERVAL: same   | Lea New Mexico                                       |  |
| AT TOTAL DEPTH: same  | 14. API NO.  |  |
|   | 30-025-01367   |  |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,   | •  |  |
| REPORT, OR OTHER DATA   | 15. ELEVATIONS (SHOW DF, KDB, AND WD)                |  |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:  |  |  |
|   | Z  |  |
| TEST WATER SHUT-OFF U   | ROV  |  |
| FRACTURE TREAT  SHOOT OR ACIDIZE  | 29 29 S  |  |
| REPAIR WELL .   | (NOTE: Report results of multiple completion or zone |  |
| PULL OR ALTER CASING  | change on Form 9-330)                                |  |
| MULTIPLE COMPLETE   |  |  |
| CHANGE ZONES  | SIS 47 VE  |  |
| ABANDON*  | RG A   |  |
| (other) convert to water injection  | CX -   |  |
| 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is a measured and true vertical depths for all markers and zones pertine Recommended procedure to deepen well to San A | nt to this work.)*                                   |  |
| to water injection.   | * · · · · · · · · · · · · · · · · · · ·              |  |
| 1. MI DDU, BOP, reverse unit and 3500' of 2-  | -7/8" 6.5# J-55 workstring.                          |  |
| 2. GIH w/6-1/4" bit on 2-7/8" workstring. I   | Orill out cement plug at 2575'. COOH.                |  |
| <ol> <li>GIH w/RBP retrieving tool on workstring.</li> <li>COOH w/RBP and workstring.</li> </ol>  | Latch on to RBP, set at 3598' and                    |  |
|   |  |  |
| 4. GIH w/6-1/4" bit on 2-7/8" workstring. (for junk. Establish circulation. COOH.   | Clean out to TD @3735' and check hole                |  |
| (See Teverse side)  |  |  |
| Subsurface Safety Valve: Manu. and TypeN/A  | Set @ Ft.  |  |
| BOP EQUIP: Series 900, 3000#WP, double w/one se   | t pipe rams, one set blind rams manually             |  |
|   |  |  |
| SIGNED TITLE Sr. Engr. Spe  | ec. DATE November 28, 1983                           |  |
| W I Mueller   |  |  |
| A DDDOVED This space for Federal or State of  | ffice use)   |  |
| APPROVED  APPROVED BY Orig. Sed.) PETER W. CHESTERILE   | DATE   |  |
| CONDITIONS OF APPROVAL, IF ANY:   |  |  |
|   |  |  |
| DEC 9 1983 AFFROVAL BY STAT   | E  |  |

\*See Instructions on Reverse Side

**RECEIVE- DEC** 1 2 1983