

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY**

SUBMIT IN TRIPPLICATE\*  
(Other instructions re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 066126-C

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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7. UNIT AGREEMENT NAME

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8. FARM OR LEASE NAME

Cruces

9. WELL NO.

1

10. FIELD AND FOOL, OR WILDCAT

Lynch-Yates/7 Rivers

11. SEC., T., R., &., OR BLK. AND SURVEY OR AREA

26, 20-S, 34-E

12. COUNTY OR PARISH

Lea

13. STATE

N. Mexico

1.

OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR

Phillips Petroleum Company

3. ADDRESS OF OPERATOR

Room 711, Phillips Building, Odessa, Texas 79760

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\* See also space 17 below.)  
At surface

Unit M, 330' FS & W lines

14. PERMIT NO.

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15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3723' DF

16.

**Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data**

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)\*

2-28-72: Cardinal treated Yates down csg thru perfs 3574.99' w/500 gals Para Clean acid flushed w/80 BO. Treated under vacuum. Pumped and tested well, restored to production.

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

SIGNED

W. J. Mueller

TITLE Senior Reservoir Engineer

DATE 3-24-72

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

*WJM*