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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.:

7. Unit Agreement Name

8. Farm or Lease Name

J. R. Phillips "A"

9. Well No.

5

10. Field and Pool, or Wildcat

Eunice Monument Grbg SA

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

3571' GR

12. County

Lea

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

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK
- TEMPORARILY ABANDON
- PULL OR ALTER CASING
- OTHER
- PLUG AND ABANDON
- CHANGE PLANS

SUBSEQUENT REPORT OF:

- REMEDIAL WORK
- COMMENCE DRILLING OPNS.
- CASING TEST AND CEMENT JOB
- OTHER Plugback, perforate, acidize & test
- ALTERING CASING
- PLUG AND ABANDONMENT

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

On 2/17/75 loaded hole w/40 bbls 2% KCL wtr. Ran CNL log 4200-2200'. Perf'd 1 JS ea @ 3773, 75, 84, 86, 88, 99, 3801, 11, 23, 27, 39, 46, 48, 50, 64 & 3867' = 16 holes. Ran FBRC on tbg & set @ 3714'. Trtd perms 3773-3867' w/2000 gal 15% HCL-LSTNE acid. Flushed w/27 bbls 2% KCL wtr. MP 2800#, Min 1600#, ISIP 200#. On vac in 1 min. Ran cmt retr on 2-7/8" tbg & set retr @ 3721'. Squeeze cmtd perms 3773-3867' w/250 sx Cl C cmt w/.5% Halad 9 followed by 50 sx Cl C cmt w/8# sd/sk added. Max & final squeeze press 3500#. Rev 40 sx to pit. Drld cmt & retr to 3805'. Circ hole clean. Press tested squeeze job to 1000# for 30 mins. Tested OK. Spotted 2 bbls 15% HCL-LSTNE acid 3788-3760'. Perf'd 1 JS ea @ 3774, 76, 78, 80, 82, 84, 86 & 3788' = 8 holes. Ran pkr on tbg & set pkr @ 3720'. Treated perms 3774-3788' w/500 gals 15% HCL LSTNE acid. Flushed w/22 BW. MP 1500#, Min 1000#, ISIP 0#. POH w/pkr & tbg. RIH w/completion assy to pump test. On 24 hr potential test 3/7/75 pmpd Eunice Monument Grbg SA perms 3774-3788' 39 BO, 343 BW and 67 MCFGPD. GOR 1718:1. Completed as oilwell on 3/7/75. Final Report.

18. I hereby certify that the information above is true and complete to the best of my knowledge.

SIGNED H. J. Bernard

TITLE Dist. Drlg. Supv.

DATE 3/10/75

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: