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O. C. D.  
SURVEY NOTICES

UNITED STATES

Drawer DD  
Artesia, NM 88210DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

(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.)

1. oil ☒ well gas ☐ well other ☐
2. NAME OF OPERATOR  
Phillips Oil Company ✓
3. ADDRESS OF OPERATOR  
Rm 401, 4001 Penbrook St., Odessa, Tx 79762
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: Unit A, 330' FNL & 600' FEL  
AT TOP PROD. INTERVAL: same  
AT TOTAL DEPTH: same

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 checked="" 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>Installed lift equipment</u> <input checked="" type="checkbox"/> |                                     |

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.)\*

- 4-19-85: 6828' PTD. RU WSU. Installed BOP.
- 4-20-85: Treated Abo w/1600 gals of 15% NEFE HCL acid. Flushed w/2000 gals of 2% KCL wtr. Swbd 4.5 hrs, 40.5 BLW.
- 4-21-85: Crew off.
- 4-22-85: Swbd 8 hrs, 46 BLW, 57 BFW, last 3 swb runs, approx 3% oil.
- 4-23-85: Well flwd 18 BO & formation water to pit for 30 min. Well died. Swbd 100 bbls (approx 3% oil) in 7.5 hrs.
- 4-24-85: Blew well down to pit for 45 min, rec 16 BFW. Well died. Unseated pkr & POH. Set 2-3/8" production tubing @6716'. Removed BOP & installed wellhead.
- 4-25-85: Ran 2" x 1 1/2" x 24' sucker rod pump. Cleaned location.
- 4-26 thru
- 5-15-85: Pmpd 24 hrs a day, rec 240.5 BO, 1623 BW.
- Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ n/a Set @ \_\_\_\_\_ Ft.

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

SIGNED W. J. Mueller TITLE Sr. Engineering Specialist DATE June 14, 1985

(This space for Federal or State office use)

915/367-1257 (McLemore)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

JUL 1 1985

\*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO

5. LEASE  
LC-028784-C
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME  
Grayburg Deep Unit
9. WELL NO.  
5
10. FIELD OR WILDCAT NAME  
Undesignated Abo
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec 25, T-17-S, R-29-E
12. COUNTY OR PARISH  
Eddy
13. STATE  
New Mexico
14. API NO.  
30-015-03083
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3619' RKB

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

SEE REVERSE SIDE

5-16-85: Rmpd 6 hrs, no gauge, off 18 hrs to change pump.  
5-17 thru  
6-3-85: Rmpd 24 hrs a day, rec 115.4 BO, 998.3 BW.  
6-4-85: Rmpd 24 hrs, 7 BO, 53 BW.  
6-5-85: Rmpd 24 hrs, 6.6 BO, 51.03 BW, gravity oil oil 48°, 48MCFG, GOR 7272/1.  
job complete.