

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR. DATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-060529

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Beeson "F" Fed.

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Loco Hills-Q-G-SA

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

Sec. 31, T-17-S, R-30E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

1. OIL ☐ GAS ☐ OTHER Water Injection

MAR 28 1993

2. NAME OF OPERATOR

Phillips Petroleum Company

O. C. D.

3. ADDRESS OF OPERATOR

4001 Penbrook Street, Odessa, TX 79762

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

Unit K, 1650' FSL & 2310' FWL

14. PERMIT NO.

API No. 30-015-04416

15. ELEVATIONS (Show whether DF, ET, OR, etc.)

3566' 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) Test & Covert to a Producer ☒

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.)*

1. MI and RUDDU. NU Class 2 BOP. COOH w/tbg. and pkr.
2. RIH w/SLM.
3. GIH w/pkr. on 2-3/8" workstring. Set pkr. at +2720'. Mix and pump 55 gals sulfate scale convertor (TechniClean 405) with 55 gals. water.
4. MI and RU to acidize. Pump 1000 gals 15% NeFe.
5. Swab.
6. COOH w/pkr. and tbg. RIH w/test equipment. Test pump to frac tank. Based on results, well will be reactivated or abandoned.

RECEIVED
MAR 11 10 49 AM '93
CART
ARCO

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

SIGNED

L. M. Sanders
L. M. Sanders

TITLE

Supv. Regulatory Affairs

03-09-93

DATE

368-1488

(This space for Federal or State office use)

RECEIVED

APPROVED BY (ORIG. SGD.) DAVID R. GLASS

TITLE

DATE

MAR 19 1993

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side