

CC: New Mexico Energy + Minerals

ONLY 11170

Form 9-331  
(May 1963)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.  
NM-05470-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  
Simon-A

9. WELL NO.  
2

10. FIELD AND POOL, OR WILDCAT  
Lusk, Strawn

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
14, 19S, 31E

12. COUNTY OR PARISH  
Eddy

13. STATE  
NM

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT" for such proposals.)

RECEIVED

AUG 21 1979

O. C. C.  
ARTESIA, OFFICE

1. OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR  
Phillips Petroleum Company

3. ADDRESS OF OPERATOR  
Room 401, 4001 Penbrook St, 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 P) 660' FS&E lines

14. PERMIT NO.  
NA

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3558' DF

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(Other) Install artificial lift eqpt.

(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.)\*

Propose:

1. Install surface beam pumping eqpt.
2. MI WS unit, install BOP. If necessary, hot oil well to cut paraffin and swab back. Kill well.
3. Pull tbg.
4. Run in w/stg npl, 2-3/8" tbg and tbg anchor. Set tbg at approximately 11400' w/seating npl on bottom and tbg anchor approx. 50' above perms, set w/19,000# tension. Top 3000' of tbg to be 2-7/8".
5. Run rods and 1-1/16" insert pump. Test well, restore to production status.

Series 900 BOP, 3000# WP, double, w/one set blind rams, one set pipe rams

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

SIGNED Ralph J. Roper R. J. Roper TITLE Senior Reservoir Engineer DATE 8-7-79

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side