

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIP DATE
(Other instructions on reverse side)

Form Approved
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

Federal NM25566

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

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

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Lusk Deep Unit A

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Lusk Strawn

11. SEC., T., R., M., OR B.L.K. AND SURVEY OR AREA

12. COUNTY OR PARISH 13. STATE

Lea New Mexico

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Phillips Petroleum Company

3. ADDRESS OF OPERATOR
Phillips Bldg., Odessa, Texas 79760

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
660 Feet from the North Line and 660 Feet from the East Line, Section 19, T-19-S, Range 32-E NMPM.
Unit Letter A.

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3600 Feet DF

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

NOTICE OF INTENTION TO:

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

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) Status report <input checked="" type="checkbox"/>	

(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.)

Well shut down when purchased from El Paso Natural Gas Company 12-1-73. Will be held for possible remedial work or for use in secondary recovery.

NOV 1 1975

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

SIGNED *W.J. Mueller* W.J. Mueller TITLE Sr. Reservoir Engr.

DATE October 29, 1974

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED
NOV 13 1974
ARTHUR R. BROWN
DISTRICT ENGINEER

DATE