

RECEIVED BY: COMMISSION
Drawer DD UNITED STATES
DEC 17 1988
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
O. C. D.

ARTESIA, OFFICE

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 Form 9-331-C for such proposals.)

1. oil ☐ gas ☐ other ☒
well xxx well

2. NAME OF OPERATOR

Phillips Oil Company

3. ADDRESS OF OPERATOR

Room 401, 4001 Penbrook, Odessa, TX 79762

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: Unit D, 660' FN&W lines

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE/Frac ☒
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐☐
☐
☐
☐
☐
☐
☐
☐5. LEASE ~~91-008663-a~~ (LC-061638)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Hi Lonesome

8. FARM OR LEASE NAME

EAST HIGH LONESOME FEE

9. WELL NO.

6

10. FIELD OR WILDCAT NAME

Hi Lonesome Queen

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

Unit D, Sec.13,T-16-S,R-29-E

12. COUNTY OR PARISH

Eddy

13. STATE

N. Mexico

14. API NO.

30-015-02692

15. ELEVATIONS (SHOW DF, KDB, AND WD)

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

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.)*

See reverse side

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Harold McLeomore TITLE Reg & Prodr Supv. DATE 12-12-84

(This space for Federal or State office use)

APPROVED BY Don Wood TITLE Asst. DATE 12-14-84
CONDITIONS OF APPROVAL IF ANY