

Form 9-331
Rev. 1978 RECEIVED BY API # 30-015-038Drawer DD
Artesia, NM 88210FEB 12 1985
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 well ☒ gas well ☐ other ☐
2. NAME OF OPERATOR
Phillips Oil Company
3. ADDRESS OF OPERATOR
Room 401, 4001 Penbrook St., Odessa, TX 79762
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FS&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	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input 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) Mechanical integrity test requested by BLM

5. LEASE
NM-04068
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Sivley Federal
9. WELL NO.
3
10. FIELD OR WILDCAT NAME
W. Henshaw West
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Unit K, Sec. 8, T-16-S, R-30-E
12. COUNTY OR PARISH
Eddy
13. STATE
NM
14. API NO.
30-015-03873
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3809 DF

(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.)*

Propose: MI&RU DDU. Hold safety meeting with contract personnel; install & test BOP. GIH w/casing scraper and clean out as required, COOH w/scraper. GIH w/RTTS type packer and packer type RBP on 2 7/8" workstring tubing. Set RBP at 2700', test 7" csg to 500 psi. If leaks are found, locate and record depths. (test results to determine further procedure). Return well to temporary abandoned status.

Notify BLM in sufficient time to allow BLM field inspector to witness test of casing.

T & A
APPROVED FOR 12 MONTH PERIOD

ENDING 2/5/86

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

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

SIGNED T. Harold McLeMore TITLE Reg. & Pror. Supv. DATE 2-7-85
(915) 367-1257

(This space for Federal or State office use)

APPROVED BY San Wood TITLE Asst. Dir. DATE 2-12-85
CONDITIONS OF APPROVAL IF ANY OD