

Info Copy

Form 9-331
Dec. 1973

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Form Approved.
Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR, C. D.
GEOLOGICAL SURVEY ARTESIA, OFFICE

5. LEASE
NM 38462

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
KGS-A

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Henshaw-Wolfcamp

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 14, T-16-S, R-30-E

12. COUNTY OR PARISH; 13. STATE
Eddy New Mexico

14. API NO.
30-015-24792

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3830.4'GR

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
Rm 401, 4001 Penbrook St., Odessa, Tx 79762

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: Unit P, 330' FSL & 1200' FEL
AT TOP PROD. INTERVAL: same
AT TOTAL DEPTH: same

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) completion of gas connection			

(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.)*

Gas connection and tank battery equipment has been installed on subject well.
Connection was completed as of December 3, 1984.

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

18. I hereby certify that the foregoing is true and correct
SIGNED W. J. Mueller TITLE Sr. Engineering Specialist DATE January 14, 1985

(This space for Federal or State office use)

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