

UNITED STATES *Artesia, NM 88210*
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

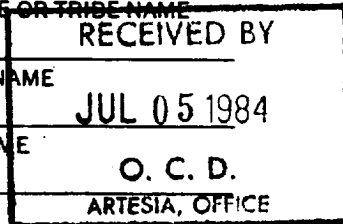
SUNDRY NOTICES AND REPORTS ON WELLS

(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 well
2. NAME OF OPERATOR Phillips Oil Company
(Succ. to General American Oil Co. of Texas)
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 M) 660' FSL & 660' FWL
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) Notice of return to production

5. LEASE 4-93 B
LC-02878
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
-- --
7. UNIT AGREEMENT NAME
-- --
8. FARM OR LEASE NAME
Keely B
9. WELL NO.
3
10. FIELD OR WILDCAT NAME
Grayburg Jackson (SR-Q-Gb-SA)
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 24, T-17-S, R-29-E
12. COUNTY OR PARISH Eddy 13. STATE New Mexico
14. API NO.
30-015-03075
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3589' GR



(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.)*

Subject well was SI prior to workover, as of 6-25-84 well pumped 9 BO in 16 hours.

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

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

SIGNED W. J. Mueller TITLE Sr. Engineering Specialist DATE June 28, 1984

ACCEPTED FOR RECORD (This space for Federal or State office use)

APPROVED BY AWO TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:
JUL 3 1984