



Form Approved.
Budget Bureau No. 42-R1424

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 ☐

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 A, 330' FNL & 660' FEL
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 ☒

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) Install lift equipment

5. LEASE

LC-028784-c

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Grayburg Deep Unit

9. WELL NO.
5

10. FIELD OR WILDCAT NAME
Undesignated Abo

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 25, T-17-S, R-29-E

12. COUNTY OR PARISH
Eddy

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3619' RKB

(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.)*

Recommended procedure to acidize and install lift equipment to test Abo:

MI RU DDU. Install and test BOP. Check TD and clean out as required. GIH w/RTTS-type packer on 2-3/8" production tubing. Circulate hole clean. Set and test packer at $\pm 6600'$. Acidize the Abo with 1600 gallons of 15% NEFE HCL. Flush with 2000 gallons of 2% KCL water. (Load annulus with 2% KCL water and hole 500 psi during treatment). Swab load and acid water. COOH with tubing and packer. Install production equipment and return well to producing status. Evaluate with daily well tests and fluid levels until all load is recovered and well stabilized.

This well was drilled 5-26 thru 7-7-60 to TD of 7225', perforated in the ABO zone 7-17-60 and temporarily abandoned 7-26-60.

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 February 8, 1985
915/367-1257

(This space for Federal or State office use)

(McLemore)

APPROVED BY TITLE DATE 2-15-85
CONDITIONS OF APPROVAL, IF ANY: