

BUREAU OF LAND MANAGEMENT

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 "APPLICATION FOR PERMIT—" for such proposals.)

OIL WELL ☐ GAS WELL ☒ OTHER Water injection per NMOCD Order R-7900

2. NAME OF OPERATOR

Phillips Petroleum Company

3. ADDRESS OF OPERATOR

4001 Penbrook Street, Odessa, Texas 79762

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)

At surface

Unit E, 1980' FNL & 660' FWL

14. PERMIT NO.

API No. 30-015-03090

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3596' DF

5. LEASE DESIGNATION AND SERIAL NO.

LC-028784-c

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

C/SF

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Keely C Fed

9. WELL NO.

10

10. FIELD AND POOL, OR WILDCAT

Gb-J-SR-Q-Gb-SA

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

25, 17-S, 29-E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

RECEIVED BY

FEB 19 1987

O. C. D.

ARTESIA, OFFICE

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) Commenced water injection ☒REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐

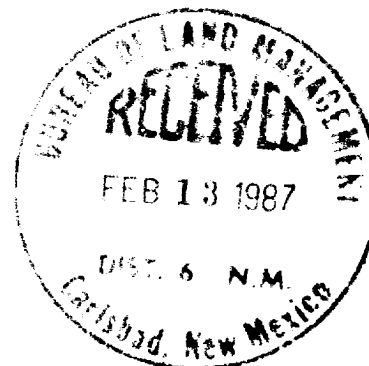
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

Began injecting thru interval 2520'-3165' at an average rate of 69 BWPD at 0 psi on 1-20-87.

ACCEPTED FOR RECORD

FEB 15 1987

In
CARLSBAD, NEW MEXICO

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

SIGNED

W. J. Mueller

TITLE Engineering Supervisor,

DATE

February 12, 1986

Reservoir

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side