NM OIG INKS, COMMISSION

Form Approved. Budget Bureau No. 42-R1424

UNITED STATES Artesia, Mi DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

| <br>         |     |   |
|--------------|-----|---|
| LC-028784-93 | (b) |   |
| <br>         |     | _ |
|              |     |   |

5 LEASE

| 10 020101 33 (b)             |              |
|------------------------------|--------------|
| 6. IF INDIAN, ALLOTTEE OR TR | DE NAME      |
|                              | RECEIVED BY  |
| 7. UNIT AGREEMENT NAME       |              |
|                              | JUN 28 1984  |
| 8. FARM OR LEASE NAME        | 0011 20 1304 |

| SUNDRY NOTICES AND REPORTS ON WELLS   | 7. UNIT AGR         |
|---|---------------------|
| (Do not use this form for proposals to drill or to deepen or plug back to a different | <u> </u>            |
| reservoir. Use Form 9–331–C for such proposals.)                                      | 8. FARM OR<br>Keelv |
|   | Keelv               |

≽ely B Fed 9. WELL NO.

Q. C. D ARTESIA, OFFICE

1. oil gas  $\mathbb{Z}$ well well other Phillips Oil Company 2. NAME OF OPERATOR (Successor to General American Oil Co.) JUNI 3. ADDRESS OF OPERATOR Room 401 179762 4001 Penbrook St., Odessa, Texas 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17

below.) AT SURFACE: 1295'FNL & 2615'FWL 7 1 f t

AT TOP PROD. INTERVAL: same . AT TOTAL DEPTH: same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. REPORT, OR CTHER DATA

10. FIELD OR WILDCAT NAME WCGrayburg-Jackson (SR-Q-Gb-SA)

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

12. COUNTY OR PARISH 13. STATE Eddy New Mexico

14. API NO.

20

30-015-03099

15. ELEVATIONS (SHOW DF, KDB, AND WD) 3602 GL

REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON\* (other) Notice of return to production 🗵

SUBSEQUENT REPORT OF:

(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, reciding 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.)\*

The subject well was returned to production as of 6-9-84 pumping 5BO, 45 BLO in 24 ars. On 6-10-84 well produced 41 BO, 18 BW in 24 hrs.

| Subsurface Safety Valve: Manu. and Type N/A  | Set @ Ft.     |
|--|---------------|
| 18. Thereby certify that the foregoing is true and correct   |               |
| 18. I hereby certify that the foregoing is true and correct  SIGNED RIGHT OF RECORD SPACE SPECIAL ST. Engineering DATE  SPECIA | June 13, 1984 |
| ACCEPTED FOR RECORDis space for Federal or State office use)   |               |
| APPROVED BY HUO TITLE DATE   |               |
| CONDITIONS OF APPROVAL IF ANY 1984   |               |