

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

5. LEASE

LC-028784-c

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

RECEIVED BY

8. FARM OR LEASE NAME

Keely C Fed

JUN 08 1984

9. WELL NO.

24

O. C. D.

ARTESIA, OFFICE

10. FIELD OR WILDCAT NAME

Grayburg-Jackson

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)

3587' 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 ☒ gas ☐ other ☐
well well

2. NAME OF OPERATOR PHILLIPS OIL COMPANY (Successor to General American Oil Co. of Texas by acquisition effective March 8, 1983)

3. ADDRESS OF OPERATOR Room 401; 4001 Penbrook St., Odessa, Texas 79762

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: Unit N, 660' FS & 1980' FW

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* ☐

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(other) add perforations and additional pay

(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.)*

1. Clean out to TD
2. Acidize and fracture treat the San Andres open hole (+2800-3200')
3. Perforated selected Grayburg/San Andres (+ 2350-2800')
4. Acidize and fracture treat the San Andres (+2650-2800')
5. Acidize and fracture treat the Grayburg (+ 2350-2650')
6. Return well to production.

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

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

SIGNED W. J. Mueller TITLE Senior Engineering Specialist DATE 3-27-84

(This space for Federal or State office use)

APPROVED BY R. Pitschke TITLE P.E. DATE 6/6/84
CONDITIONS OF APPROVAL, IF ANY: