

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
NM OIL CONS. COMMISSION
88210

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 well ☒ gas well ☐ other ☐

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 X, 660' FS&E

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

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.

5. LEASE LC-028784-b.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME RECEIVED BY

8. FARM OR LEASE NAME JUN 08 1984
Keely B Fed

9. WELL NO. 12 O. C. D.
ARTESIA, OFFICE

10. FIELD OR WILDCAT NAME

Grayburg-Jackson

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

Sec. X 26, T17S-R29E

12. COUNTY OR PARISH Eddy 13. STATE New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3580' GR

(NOTE: Report results of multiple completion or zone change on Form 9-330.)



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 [Signature] TITLE P.E. DATE 6/6/84
CONDITIONS OF APPROVAL, IF ANY: