

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLK  
(Other instructions on re-  
verse side)

Budget Bureau No. 1004-0135  
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or recomplete a well. Plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT" for such proposals.)

OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> OCT 13 '87		5. LEASE DESIGNATION AND SERIAL NO. NM-014840	
2. NAME OF OPERATOR Phillips Petroleum Company ✓ O. C. D.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR ARTESIA, OFFICE 4001 Penbrook Street, Odessa, Texas 79762		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below) At surface Unit A, 220' FNL & 220' FEL		8. FARM OR LEASE NAME Green A FED	
14. PERMIT NO. 30-015-03179		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR etc.) 3593' GR		10. FIELD AND POOL, OR WILDCAT Grayburg-Jackson SR-Q-G-SA	
		11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA 29, 17-S, 29-E	
		12. COUNTY OR PARISH Eddy	
		13. STATE NM	

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	<input type="checkbox"/>

(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.)\*

Proposed procedure to plug and abandon well:

Notify BLM 24 hours prior to RU. MI RU plugging unit. Blow well down. Pull and LD 5/8" rods and pump. Load hole with 9.5# brine. NU BOPs. Pull 2-3/8" 4.7#/ft tubing. Freepoint 7" 20# casing (pipe free @ ±1600'). Cut and pull 7" casing. TIH with 2-3/8" tubing and spot plugs.  
Slurry weight 14.8 ppg<sub>3</sub>  
Slurry Yield 1.32 ft<sup>3</sup>/sx  
Water required 6.3 gal/sx

40 sxs from 2266'-2080'

30 sx across csg cut point. Tag plug. Must be 50' above casing cut point.

20 sx from 1100'-1050'

40 sx across surface casing shoe at 297'. Tag plug. Must be 50' above shoe.

15 sx from 50' to surface.

Cut off csg. Weld on steel plate. Clean and restore location.

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

SIGNED W. J. Mueller TITLE Engineering Supervisor, DATE October 1, 1987  
Reservoir

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 10-9-87  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side