

UNITED STATES
DEPARTMENT OF THE INTERIORSUBMIT IN TRI. ATE*
(Other instructions on re-
verse side)

BUREAU OF LAND MANAGEMENT

Form approved.

Budget Bureau No. 1004-0135

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-0467934

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Maddren B Fed.

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Fren-SR

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

Sec. 27, 17-S, 30-E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Phillips Petroleum Company

3. ADDRESS OF OPERATOR

4001 Penbrook Street, Odessa, TX 79762

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

Unit M, 990' FSL & 330' FWL

14. PERMIT NO.

30-015-04359

15. ELEVATIONS (Show whether OF, RT, OR, etc.)

3631' GL

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) Test to reactivate ☒PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐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.)*

1. NU BOP. GIH w/7" RTTS-type packer on 2-3/8" J-55 workstring.
2. Set packer at +2000'. Load backside. Mix 20 gals sulfate scale convertor (TechniClean 405) w/20 gals. water. Displace to perforations, and SI overnight. Swab back load.
3. MI and RU. Test surface lines to 4500 psi. Pump 700 gals 15% NeFe w/corrosion inhibitor and LST.
4. Swab well to clean up.
5. COOH w/pkr. and tubing. RIH w/test equipment. Test pump to frac tank for approximately 1 week. Based on results, well will be reactivated or abandoned.

APR 29 11 21 AM '93
OIL CONSERVATION
AREA

RECEIVED

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

SIGNED

L. M. Sanders
L. M. Sanders

TITLE

Supv. Regulatory Affairs

DATE

04-27-93

(915) 368-1488

(This space for Federal or State office use)

APPROVED BY

(ORIG. SGD.) JOE G. LARA

TITLE

PETROLEUM ENGINEER

DATE

JUN 07 1993

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side