

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Drawer DD,
Artesia, NM 88210

5. LEASE 784-93-B
LC-028793-b

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME RECEIVED BY

8. FARM OR LEASE NAME JUN 12 1984

Burch BB Fed

9. WELL NO.

11

O. C. D.

ARTESIA, OFFICE

10. FIELD OR WILDCAT NAME

Grayburg-Jackson 2R-p-p-2a

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

Sec. 30, T-17-S, R-30-E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3607' 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 ☐

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 E, 1980' FN & 660' 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* ☐

(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

Senior Engineering

SIGNED W. D. Mueller

TITLE Specialist

DATE 3-27-84

(This space for Federal or State office use)

APPROVED BY R. Ritschke
CONDITIONS OF APPROVAL IF ANY:

TITLE P.E.

DATE

6/11/84