

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP  
(Other instructions  
reverse side)

Form approved.  
Budget Bureau No. 1004-0135  
EXPIRATION DATE 31, 1985

COMMISSION  
Brewer DE  
IC-060029  
IF INDIAN, ALLOTTEE OR TRIBE NAME

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 "APPLICATION FOR PERMIT" for such proposals)

RECEIVED

OIL WELL ☒ GAS WELL ☐ OTHER ☐

JUN 18 1993

2. NAME OF OPERATOR

Phillips Petroleum Company

C. C. D.

3. ADDRESS OF OPERATOR

4001 Penbrook St., Odessa, Texas 79762

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

Unit G, 2310' FNL & 1650' FEL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Beeson "F" Fed.

9. WELL NO.

5

10. FIELD AND POOL, OR WILDCAT

Loco Hills O-G-SA

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

Sec. 31, 17-S, 30-E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

14. PERMIT NO.

API 30-015-04399

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

3568' GL

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON\*

SHOOTING OR ACIDIZING

ABANDONMENT\*

REPAIR WELL

CHANGE PLANE

(Other) Converted to a producer

(Other)

(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 and 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.)

3/25/93 MIRU DDU. NU BOP. COOH with tubing. GIH with 5-1/2 packer and 2-3/8 tubing. Set packer at 2724' mix and pump 55 gals sulfate scale convertor with 55 gals water.  
3/26/93 RU Swab. Pump 1000 gals 15% NeFe acid. Swab. ND BOP. GIH with pump.  
3/27/93 Well not pumping. COOH with pump. The pump was full of sand and iron sulfide. Made 6 swab runs.  
3/30/93 RU Swab. RD Swab, GIH with sand pump and rods. Well pumped up. RDMD DDU.  
4/3/93 Pumped 24 hrs recovered 89 bbls water & .5 mcf gas. Temporary dropped pending further evaluation.

David R. Glass  
6 1993

RECEIVED  
MAY 21 11 21 AM '93  
CATTLE  
ARL  
SANDERS

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

SIGNED

L. M. Sanders

TITLE Supv., Reg. Affairs

DATE 5/20/93

915/368-1488

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side