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Form 3160-5
November 1983)
Formerly 9-331)

# UNITED STATES
# DEPARTMENT OF THE INTERIOR
## BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.: LC-060529

6. 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.)

1. OIL WELL [X] GAS WELL [ ] OTHER

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7. UNIT AGREEMENT NAME:

2. NAME OF OPERATOR: Phillips Petroleum Company ✓

8. FARM OR LEASE NAME: Beeson "F" Fed.

3. ADDRESS OF OPERATOR: 4001 Penbrook Street, Odessa, TX 79762

9. WELL NO.: 12

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: Unit N, 990' FSL and 1571' FWL

10. FIELD AND POOL, OR WILDCAT: Loco Hills Q-G-SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 31,T-17-S,R-30-E

| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | 12. COUNTY OR PARISH | 13. STATE |
|---|---|---|---|
| 30-015-04419 | 3566' DF | Eddy | NM |

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 PLANS | [ ] | (Other) | | | |
| (Other) Test for Reactivation | | | [X] | (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. MI and RU DDU. COOH w/rods. NU Class 2 BOP. COOH w/tubing.
2. GIH with packer and 2-3/8" workstring. Mix 55 gals. sulfate scale convertor (TechniClean 405) with 55 gals. water. Lower tailpipe to 2855' and spot convertor over openhole interval. Come up hole, set packer at + 2485' and SI overnight. Swab back load the next day.
3. MI and RU to acidize. Test surface lines to 4500 psi. Pump 1000 gals 15% NeFe.
4. Swab.
5. COOH with packer and tubing. RIH w/test equipment. Test pump to frac tank for approx. 1 week. Based on results, well will be reactivated or abandoned.

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

SIGNED L. M. Sanders TITLE Supv. Regulatory Affairs DATE 03-18-93
(915) 368-1488

(This space for Federal or State office use)

APPROVED BY (ORIG. SGD.) DAVID R. GLASS TITLE DATE 4/9/93

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department