

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NEW MEXICO

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

CKF

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.)

OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED BY JAN 17 1986 O. C. D. 79762 OFFICE		5. LEASE DESIGNATION AND SERIAL NO. LC-028784-c	
2. NAME OF OPERATOR Phillips Petroleum Company ✓				6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR Room 401, 4001 Penbrook Street, Odessa, Texas				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 L, 1980'FSL & 660'FWL				8. FARM OR LEASE NAME Keely C Federal	
14. PERMIT NO. API No. 30-015-20427				9. WELL NO. 50	
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3621'GL				10. FIELD AND POOL, OR WILDCAT Grayburg-Jackson SR-Q-Gb/S;	
				11. SEC., T., R., W., OR R.R. AND SURVEY OR AREA Sec 13, T-17-S, R-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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) Treated w/solvent	(Other) <input checked="" type="checkbox"/>
(Other) <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.) *

8-9-85: 2606'PTD Pulled rods and pump, Installed BOP. Pulled 2-3/8" tbg.
8-10, 11-85: Crew off.
8-12-85: Treated Grayburg w/2000 gals of P121 solvent and F75N surfactant.
8-13-85: Set tbg at 2558', SN at 2559'. Removed BOP, installed well head. Ran 2" x 1 1/2" x 10' pump.
8-14 thru
8-25-85: Pmpd 90 hrs, 40 BO, 27 BLW.
8-26 thru
12-11-85: Pmpd 24 hrs day to recover all of load and stabilize production.
12-12-85: Pmpd 24 hrs, .2 BO, .3 BW, no gas.

Job complete.

ACCEPTED FOR RECORD

Handwritten signature
JAN 16 1986

CARISBAD, NEW MEXICO

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

SIGNED *Handwritten signature* W. J. Mueller

TITLE Sr. Engineering Specialist

DATE January 14, 1986

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____