

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI  
(Other instruction  
verse side)

ATE

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-14847

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Green "B" Federal

9. WELL NO.

9

10. FIELD AND POOL, OR WILDCAT

South Empire Morrow

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

Sec. 19, 17-S, 29-E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Phillips Petroleum Company

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' FEL and 1980' FNL

14. PERMIT NO.

Api No. 30-015-22930

15. ELEVATIONS (Show whether DF, WT, GR, etc.)

3698.2' GR

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)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Ran 4 point test & shut-in  
(NOTE: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

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.) \*

6/22/93 Notify BLM & open well up to flare. Ran four point test.

6/25/93 Well flowing at 119 mcf choke set at 15/64 50# back pressure tubing psi 108#. Phillips requests permission to shut-in the well for a period of 60 days pending locating market for gas.



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

SIGNED

J. M. Sanders

TITLE Supv., Reg. Affairs

DATE 7/9/93

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