

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Drawer DD
Artesia, NM 88210
SUBMIT IN TRIPlicate*
(Other instructions on reverse side)

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

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 ☒ GAS WELL ☐ OTHER ☐		5. LEASE DESIGNATION AND SERIAL NO. LC-053259-A
2. NAME OF OPERATOR Phillips Petroleum Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 4001 Penbrook St., Odessa, TX 79762		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 G, 1650' FNL & 2310' FEL		8. FARM OR LEASE NAME Maddren A Fed.
14. PERMIT NO. 30-015-23392		9. WELL NO. 5
15. ELEVATIONS (Show whether SF, RT, OR, etc.) 3622' GR		10. FIELD AND POOL, OR WILDCAT GrbgJackson-SR-Q-Gb/SA
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28, 17-S, 30-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:

TEST WATER SHUT-OFF

☐
☐
☐
☐

PULL OR ALTER CASING

☐
☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☒

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

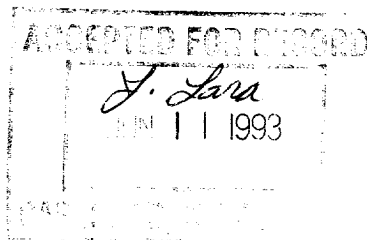
ABANDONMENT*

☐
☐
☐

(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.)*

3-15-93 - MIRU DDV. COOH w/rod and pump. NUBOP. COOH w/tbg.
3-16-93 - RU to acidize w/1300 gals 15% NeFe
3-17-93 - RU Swab.
3-18-93 - RU to swab. MIRU to acidize. Pump 500 gals. 15% NeFe.
3-19-93 - RU Swab.
5-01-93 - Tested 24 hrs. - 3.51 BO; 1.50 BW, 7 Mcf gas.



RECEIVED
MAY 10 8 13 AM '93
CARRIZO AREA

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

SIGNED

L. M. Sanders
L. M. Sanders

TITLE

Supv. Regulatory Affairs

DATE

05-05-93

(This space for Federal or State office use)

(915)368-1488

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side