

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instruct on reverse side)

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

CHP

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED BY	5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR Phillips Petroleum Company		FEB 27 1986	NM-14847
3. ADDRESS OF OPERATOR Rm 401, 4001 Penbrook St., Odessa, Texas 79762		O. C. D.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
4. LOCATION OF WELL (Report location clearly and in accordance with and State requirements.) See also space 17 below.) At surface Unit J, 2080'FEL, 1780'FSL		79762	7. UNIT AGREEMENT NAME
14. PERMIT NO. 30-015-23754		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3671'RKB, 3658'GL	8. FARM OR LEASE NAME Green B
			9. WELL NO. 11
			10. FIELD AND POOL, OR WILDCAT South Empire Morrow
			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 7, T-17-S, R-29-E
			12. COUNTY OR PARISH 13. STATE Eddy New Mexico

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 COMPLETE <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 checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) <input 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.)

1-14-86: MI and RU mast unit. Installed grease type lubricator and tested to 5000 psi. Ran GR-combined perforating depth control log from T.D. to 10,000'. Perforated Morrow "A" zone 10432-10449' then Morrow "B" zone 10454'-10459' and then 10240'-10246' with 1 11/16" thru-tubing semi-expendable perforating gun, using 11 gram Enerjet shaped charges at a shot density of 2 JSPF. All perfs were CNL-FDC log depths. Tubing pressure after installing lubricator was 500#. Before perforating first zone tbp pressure had built up to 900#, tubing pressure remained at 900# until after shooting Morrow "B" zone. Pressure increased from 900#-1300# instantly after perforating this zone. Pressure increased to 2150# on tubing when well was put on line to test.

1-15 thru

2-10-86: Flowed well to clean up.

2-11-86: Well flowing at rate of 610 MCFGD, FTP 623#.

Job complete.

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

Gas Reservoir

SIGNED N. E. Porter

TITLE Engineering Supervisor,

DATE February 20, 1986

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

FEB 23 1986

*See Instructions on Reverse Side