

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

C/SF

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 Form 9-331-C for such proposals.)

1. oil ☒ gas ☐ other ☐
well well

2. NAME OF OPERATOR

Phillips Oil Company ✓

3. ADDRESS OF OPERATOR

Room 401, 4001 Penbrook St, Odessa, TX 79762

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: B - 1300' FNL & 1500' FEL

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐CHANGE ZONES ☐ABANDON* ☐

(other) Spud well & set surface casing.

5. LEASE

LC028784A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

RECEIVED BY

7. UNIT AGREEMENT NAME

NOV 01 1984

8. FARM OR LEASE NAME

Keely-A Fed

O. C. D.

ARTESIA, OFFICE

9. WELL NO.

29

10. FIELD OR WILDCAT NAME

Grayburg Jackson (SR-Q-GB-SA)

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

24, 17-S, 29-E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

14. API NO.

30-015-24977

15. ELEVATIONS (SHOW DF, KDB, AND WD)
GR 3606.0

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

10-21-84 Set 40' of 16" conductor pipe & cmtd. to surface w/ready mix cmt.

10-23-84 MI & RU Cactus Rig #63. Spud 12 1/4" hole.

10-24-84 Ran 8 5/8" OD 24#/ft. K-55 ST&C csg. Set @ 354' KB. Cmtd. with 350 sk Class C w/2% CaCl₂ mixed @ 14.8 ppg. Circ. 83 sk to surface. WOC 18 hrs. Cut off wellhead.

10-25-84 Test BOP & casing to 600# psi for 30 min. Test OK:

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED W.J. Mueller TITLE Sr. Eng. Specialist DATE 10-26-84

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL

TITLE

DATE

Carlsbad, NEW MEXICO

*See Instructions on Reverse Side