

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other Instructions on reverse side)

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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Phillips Petroleum Co. ✓

3. ADDRESS OF OPERATOR

4001 Penbrook St., Odessa, TX 79762

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)

See also space 17 below.)
At surface

Unit P, 330' FSL & 660' FEL

14. PERMIT NO.

30-015-25668

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

GL 3610.8'

ARTESIA, OFFICE

5. LEASE DESIGNATION AND SERIAL NO.

LC-028784-C

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Keely-C Fed

9. WELL NO.

61

10. FIELD AND POOL, OR WILDCAT

Grayburg Jackson 7R,Q,GB,SA

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

Sec. 24, 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:

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) ☐

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐
Plug back ☒

(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.)*

12/02/88 Spot 100 sacks cmt. at 6680'. TOC 6293'.
12/07/88 Spot 500 gal. 10% acetic acid from 3570'. Perforate 5-1/2 casing at 2436'-3554', 104' total, 208 holes.
12/11/88 Acidize w/10,400 gal. 15% NEFe HCL. Swabbing load.
12/12/88 Fracture treat w/96,000 gal. gelled, crosslinked 2% KCl water and 180,000# 20/40 mesh sand.
12/15/88 Put on pump. Pumping back load.

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

SIGNED

L. M. Sanders
L. M. Sanders

TITLE

Supervisor, Regulation & Proration

DATE

1/31/89

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

FEB 9 1989

*See Instructions on Reverse Side

SJS
CARLSBAD, NEW MEXICO

