

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Phillips Petroleum Company		8. FARM OR LEASE NAME Simon "A"	
3. ADDRESS OF OPERATOR 4001 Penbrook Street, Odessa, TX 79762		9. WELL NO. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit O, 660' FSL & 1980' FSL		10. FIELD AND POOL, OR WILDCAT Lusk (Strawn)	
14. PERMIT NO. 30-015-10357		15. ELEVATIONS (Show whether OF, RT, OR, etc.) 3556' GL	
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		12. COUNTY OR PARISH Eddy	
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.)		13. STATE NM	

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input checked="" type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

1. Notify the Bureau of Land Management at least 24 hrs. prior to commencing operations.
2. MIRU DDU. NU BOP. GIH w/2-3/8" N-80 workstring and work thru parted casing at 6400'. Continue in hole to 11,350'. Circulate well w/9.5 ppg mud-laden fluid.
3. Spot Plug No. 1 (55 sx. cmt.) 11,000'-11,350'. Tag Plug. This covers the Strawn.
4. Spot Plug No. 2 (20 sx. cmt.) 10,386'-10,486'. Wolfcamp Plug.
5. Spot Plug No. 3 (20 sx. cmt.) 6910'-7010'. Bonespring Plug.
6. RU and freepoint 4-1/2" csg. Need to pull 6400'.
7. Spot Plug No. 4 (75 sx.cmt.) 6350'-6450'. Casing Stub.
8. Spot Plug No. 5 (50 sx. cmt.) 3950'-4070'. 8-5/8" casing seat. Tag.
9. Spot Plug No. 5 (75 sx. cmt.) 2400'-2600'. Yates and DV tool.
10. Freepoint and pull 725' 8-5/8" casing.
11. Spot Plug No. 7 (130 sx. cmt.) 600'-775'. Tag.
12. Spot Plug No. 8 (75 sx. cmt.) 3'-100'.
13. Cut off 13-3/8" csg. 3' below GL. Install monument marker and perform reclamation work.

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

SIGNED

L. M. Sanders

TITLE

Supv. Regulatory Affairs

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

(ORIG. SGD) DAVID R. GLASS

TITLE

DATE

96-24-93

DATE

(915) 388-1488

SEE ATTACHED

*See Instructions on Reverse Side