

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

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. MI 0540701-A	
2. NAME OF OPERATOR Phillips Petroleum Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____	
3. ADDRESS OF OPERATOR Room 711, Phillips Bldg., Odessa, Texas 79761		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 660' FN and 1,980' FW Lines (Unit C)		8. FARM OR LEASE NAME Drag - A	
14. PERMIT NO. _____		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3,238' RKB		10. FIELD AND POOL, OR WELDFIELD Carlsbad, South (Morrow) Gas	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18, T-23-S, R-27-E	
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. COUNTY OR PARISH Eddy	
		13. STATE 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 ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☒	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) _____	(Other) _____

(NOTE: Report results of multiple completion or 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.)

1-20-75: MI Baber WS Unit. Dowell treated Morrow down 2-7/8" tbg. through casing perfs 11,406-11' w/500 gals. 7-1/2% LST acid w/F-2 and clay agents. Flushed w/67 Bbls KCL water. Maximum pressure 4,100#, minimum 1,500#, final 3,750#, ISDP-Vacuum. AIR 1.5 BPM. Swbd 5 hours, 48 BLW, FL 9,500'.

1-21-75 Swbd 3 hours 25 BLW. Flowed to low pressure system 3 hours to clean up. Flowed to high pressure system 18 hours, no gauge. Well restored to production status.

RECEIVED
JAN 27 1975
U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED W.J. Mueller TITLE Senior Reservoir Engineer DATE 1-23-75

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL IF ANY: _____