| •   | Leslie A. Clements<br>Supervisor District II | FEB 2 1 1984   |
|---|--|--|
| Skedd Me Lung W. J. Mueller Sr.   | Engineering Specialist Original Signed By    | February 9, 1984   |
| 18. I hereby certify that the information above is true and complete to the best of                                       | my knowledge and belief.                     |  |
| BOP EQUIP: Series 900, 3000#WF, BOP Standards   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| o. comprese and result to production.   |  |  |
| <ul><li>4. Test Bone Spring perforations 5334' - 5344</li><li>5. Complete and return to production.</li></ul>             | •  | •  |
| Set packer at 5344'.  |  | -  |
| 3. GIH w/Lynes packer, bull plugged, with bar   | valve and circulating su                     | b on 2-7/8" tubing.  |
| <ol> <li>GIH w/milling equipment on 2-7/8" tubing.</li> <li>5200'. Clean out to 5400'</li> </ol>                          | Mill over and recover Gu                     | iberson packer at  |
| 1. MI and RU DDU. COOH w/rods and pump, insta   |  | •  |
| Recommended procedure for testing upper Bone Sp   |  |  |
| WORKY SEE HOLE 1103.  |  | and the second s |
| Bone Spring perforations  17. Describe Proposed or Completed Operations (Clearly state all pertinent deta                 | ils, and give persinent dates, including     | estimated date of starting any proposed  |
| Mill out packer, test upper X   | OTHER  |  |
| PULL OR ALTER CABING CHANGE PLANS   | CASING TEST AND CEMENT JOS                   | PLUE AND ABANDONMENT   |
| PERFORM REMEDIAL WORK PLUG AND ABANDON  | REMEDIAL WORK  COMMENCE DRILLING OPNS.       | ALTERING CASING PLUG AND ABANDONMENT   |
|   | SUBSEQUENT                                   | REPURIUF:  |
| Check Appropriate Box To Indicate N NOTICE OF INTENTION TO:   |  | er Data<br>REPORT OF:  |
| 3205' GR  |  | Eddy (   |
| 11. Elevation (Show whether   |  | 12. County   |
| THE West LINE, SECTION 19 TOWNSHIP 23-S   | RANGE 27-E NMPM.                             |  |
| UNIT LETTER K 1980 FEET FROM THE SOUTH  |  | 10. Eield and Pool of Wilden (Buth Spring)   |
| 4. Location of Well   |  | 10. Field and Pool, of Wildcat   |
| 3. Address of Operator  | 20.70762                                     | 9. Well No.  |
| Phillips Petroleum Company  |  | 8. Fam or Lease Hame Drag C -/   |
| OIL X SAB WELL OTHER-   |  |  |
| (DO NOT USE THIS FORM FOR PROPOSALS TO CRILL OR TO DEEPEN OR PLUC & USE "APPLICATION FOR PERMIT." (FORM C-1011 FOR SUC ). |  | 7. Unit Agreement Name   |
| SUNDRY NOTICES AND REPORTS ON   | 0-015-2089 C. D.<br>WELLS ARTESIA, OFFICE    |  |
| OPERATOR ADT N  |  | 5. State Oti & Gas Lease No.   |
| U.S.G.S.  | FEB & Charles                                | State Fee X  |
| SANTA FE, NEW   | MEXICO 87501                                 | Revised 10-1-73  |
| DISTRIBUTION P. O. BO   | TION DIVISIC                                 | Form C-103   |
| EMEMOTIAND MANGEMAN'S DEPARTMENT  |  |  |