

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instruction
verse side)

ATE
A RE

Budget Bureau No. 1004-0135
Expires August 31, 1985

45F

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.)

5. LEASE DESIGNATION AND SERIAL NO.

NM 70335

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Livingstone Ridge Fed

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Cabin Lake (Delaware)

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

Sec. 1, T-22-S, R-30-E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
PHILLIPS PETROLEUM COMPANY

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 M, 700' FWL & 660' FSL

14. PERMIT NO.

30-015-36298

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

3311' DF, 3300' GR

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 COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)

11/25/90 Perforate 5-1/2" casing w/4" casing gun, 2 JSPF 7338'-7350', 25 shots, 7388'-7460', 145 shots. Total of 170 shots.
11/26/90 Treated perforations 7338'-7460' w/2000 gal. 7-1/2% NeFe HCL acid.
11/30/90 Swabbing load.
12/3/90 Fracture treat perforations 7338'-7460' w/34000 gal. polyemulsion w/ 80000# 16/30 mesh sand & 32000# resin-coated 12/20 mesh sand.
12/4/90 Flowing back load.
12/13/90 Flowed 59 B0 & 24 BW. All load recovered.
12/28/90 Put on pump.
1/1/91 Pumped 161 B0 & 197 BW.
1/18/91 Preparing to potential test.

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

SIGNED

L. M. Sanders

TITLE

Supervisor,

Regulation & Proration

DATE

1/18/91

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side