| 4001 Penbrook St., Odessa, TX 79762 LOCATION OF WELL (Report location clearly and in accordance with any State requiremedia.) At surface Unit M, 700' FWL & 660' FSL ARTESIA OFFICE O. C. D. ARTESIA OFFICE Sec. 1, T-22-S, R-30-E 10. FIBLD AND POOL, OR WILDCAT Cabin Lake (Delaware) 11. SEC., T., H., M., OR BLE. AND SURVEY OR AREA Sec. 1, T-22-S, R-30-E 30-015-36298 3311' DF, 3300' GR Eddy NM | Formerly 9-331) | Budget Bureau No. 1004-0135 Expires August 31, 1985 5. LEASE DESIGNATION AND SERIAL NO. NM 70335 | | | | |
|--|--|---|--|---|---------------------------------------|-----------------|
| PHILLIPS PETROLEUM COMPANY ADDRESS OF OVERLYEE 40001 Penbrook St., Odessa, TX 79762 Location or Will, (Report location clearly and to accordance with any State requirements) Location or Will, (Report location clearly and to accordance with any State requirements) Location or Will, (Report location clearly and to accordance with any State requirements) Location or Will, (Report location clearly and to accordance with any State requirements) Location or Will, (Report location clearly and to accordance with any State requirements) Location or Will, (Report location clearly and to accordance with any State requirements) Location Lake (Delaware) Location Lake (Delaware) Location Lake (Delaware) Location or Will, Location (Location Clearly with any State requirements) Sec. 1, T-22-S, R-30-E Location Lake (Delaware) Location Lake | | | | | 6. IF INDIAN, ALLOTTE | E OR TRIBE NAME |
| DHILLIPS PETROLEUM COMPANY ADDRESS OF OVERLETS AND COMPANY 40001 Penbrook St., Odessa, TX 79762 Location of With Report location clearly and in accordance with any State requirements. Location of With Report location clearly and in accordance with any State requirements. Unit M, 700' FML & 660' FSL ARTESIA OFFICE With M, 700' FML & 660' FSL ARTESIA OFFICE Cabin Lake (Delaware) 11. ALLEAN OFFICE Cabin Lake (Delaware) 12. Cabin Lake (Delaware) 13. Country of With State (Show whether Mr. pt. on. etc.) 30-015-36298 33-11' DF, 3300' GR Check Appropriate Box To Indicate Noture of Notice, Report, or Other Date NOTICE OF INTERPRETAN TO: TEST WATER SHOT-OFF TEST | OIL X GAB WELL | OTHER | JAN 7.2 9: | . o Aii 191 | 7. UNIT AGREEMENT N | AME |
| 4001 Penbrook St., Odessa, TX 79762 41 MITTER AND FOOL, OR WILLDELY 42 MITTER STAND FOOL, OR WILLDELY 43 MITTER STAND FOOL, OR WILLDELY 44 MITTER STAND FOOL, OR WILLDELY 45 MITTER STAND FOOL, OR WILLDELY 46 MITTER STAND FOOL, OR WILLDELY 50 MITTE | | DETROI FIIM COMPANY | | 105 713 | 1 | |
| ### ADDITIONS St., Odessa, TX 79762 AN 2 AN 2 | | PLINOLLON COMPANT / | ANZO | · ············ | | idge Fed |
| Linit M, 700' FWL & 660' FSL ORTESIA OFFICE Unit M, 700' FWL & 660' FSL ORTESIA OFFICE Unit M, 700' FWL & 660' FSL ORTESIA OFFICE Cabin Lake (Delaware) 115. MAYATONA (Show whether Br. M. G. ed.) 30-015-36298 3331' DF, 3300' GR Check Appropriate Box To Indicate Nature of Notice, Report, or Other Date Notices or INTERTION TO: ***TEST WATER BRUTOFF** **PACCEDER TRANS** **OUTHER OF INTERTION TO: ***TEST WATER BRUTOFF** **PACCEDER TRANS** **CHARGE PLANS** **COLUMN TO ALTERIA CASINO ALTERNATION TO ALTERNACY AL | 4001 Pen | brook St., Odessa, TX | | N 9 0 1004 | 1 | |
| Unit M, 700' FWL & 660' FSL ARTESIA OFFICE 11. BELLY, B. W. OB LAND DEFECT OF SECTION | See also space 17 below. | | | | | |
| Sec. 1, T-22-5, R-30-E Sec. 1, T-22-5, T-22-E Sec. 1 | | | | | | |
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| Check Appropriate Box To Indicate Noture of Notice, Report, or Other Data ***NOTICE OF INTENTION TO: ***TEST WATER SHUT-OFF** ***PACTURE TREAT SHUT-OFF** ***PACTURE TREAT SHUT-OFF** ***NUCLTIFIC COMPLETE ***ASTREA SHUT-OFF** ***PACTURE TREAT SHUT-OFF** ***NUCLTIFIC COMPLETE ***ASTREA SHUT-OFF** ***PACTURE TREAT SHUT-OFF** ***PACTURE TREAT* ***PA | | i _ | | | 1 | 1 |
| TEST WATER SHUT-OFF PEACTURE TREAT MULTIPLE CONFINTE REPAIR WELL (Other) (Other | | | · | | · · · · · · · · · · · · · · · · · · · | INM |
| THEST WATER BRUT-OFF PRACTURE TREAT BROOT OR ACIDIER MULTIPLE COMPLETE BROOT OR ACIDIER MULTIPLE COMPLETE BROOT OR ACIDIER MANABORY CHANGE PLANS CHANGE | J. | Check Appropriate Box To In | idicate Nature of N | lotice, Report, or C | Other Data | |
| BROOT OR ACIDIZE BROOT OR ACIDIZE CHANGE PLANS CORDITION OR ACIDIZEN (Other) DESCRIBE PROPOSED OR COMPLETED OFFRATIONS (Clearly state all pertinent details, and give pertinent dates. Including sertimeted date of stating a proposed work. If well is directionally drilled, give subsurface locations and measured and crue vertical depths for all maters and sones per 11/25/90 Per for ate 5-1/2" casing w/4" casing gun 2 JSPF 7338'- 7350', 25 shots, 7338'-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 for the perforation and measured and crue vertical depths for all maters and sones per 11/25/90 Fracture treat perforations for the perforation of the perforation and perforations and measured and crue vertical depths for all maters and sones per 11/26/90 12/3/90 Fracture treat perforations for the perforation and perforation and perforation and perforations and measured and crue vertical depths for all maters and sones per 11/26/90 Thoughtion are described measured and crue vertical depths for all maters and sones per 11/26/90 Thoughtion are described measured and crue vertical depths for all maters and sones per 11/26/90 Thoughtion are described measured and crue vertical depths for all maters and sones per 11/26/90 Thoughtion are crue treats and sones per 11/26/90 The perforation and | NOTICE OF INTENTION TO: | | | | BNT REPORT OF: | |
| SHOOT OR ACIDIZE ARANDON* CHANGE PLANS CODE: (Other) CHANGE PLANS ABANDONHERT CHANGE PLANS CHA | TEST WATER SHUT-OFF |] | WATE | R BHUT-OFF | REPAIR!NO | WELL |
| REPAIR WELL (Other) (Other) (Note: Report results of multiple completion on Well (Sompletion or Recompletion on Well (Sompletion or Recompletion Report and Log form) Describe Proposed work if well is directionally drilled, give subsurface locations and marked and tree including estimated date of starting a frant 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. Flowed 59 80 & 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. I bereby certify that the foregoing is true and correct Supervisor, SIGNED TITLE Regulation & Proration DATE 1/18/91 (Other) (Note: Report results of multiple completion on Well (Note: Amount and precious and contents and solic periods and serving and servin | | [] | | | ~ } | |
| (Other) (Note: Report results of molitiple completion on Well Completion on Completio | | | | · · | ABANDONME | NT* |
| DESCRIBE PROPOSED ON COMPLETED OFERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting a proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and sones per nent 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 BO & 24 BW. All load recovered. 12/28/90 Put on pump. 1/1/91 Pumped 161 BO & 197 BW. 1/18/91 Preparing to potential test. | | | | (NOTE: Report results | of multiple completion | on Well |
| I hereby certify that the foregoing is true and correct Supervisor, SIGNED TITLE Regulation & Proparition L. M. Sanders (915) 368-1411 (This space for Federal or State office use) | 7388 11/26/90 Trea 11/30/90 Swab 12/3/90 Frac 8000 12/4/90 Flow 12/13/90 Flow 12/28/90 Put 1/1/91 Pump | 3'-/460', 145 shots. 3 ated perforations 7338' bbing load. cture treat perforation 00# 16/30 mesh sand & 3 ving back load. ved 59 BO & 24 BW. All on pump. ped 161 BO & 197 BW. | Total of 170 s '-7460' w/2000 ns 7338'-7460' 32000# resin-c l load recover | hots. gal. 7-1/2% w/34000 gal. oated 12/20 m | NeFe HCL acid. | |
| SIGNED TITLE Regulation & Proration DATE 1/18/91 (This space for Federal or State office use) | | | | Abr | - '. | |
| SIGNED TITLE Regulation & Provation DATE 1/18/91 (This space for Federal or State office use) | I hereby certify that the | foregoing is true and correct | Supervisor. | | | |
| | | L. M. Sanders (915) | LE Regulation | | DATE 1/18, | /91 |
| ALLAUYEU DI TITLE TAMB | | · | 1¥ \$2 | | | |