

RECEIVED BY
(May 1963)

FEB 22 1985

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-23765

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Phillips Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Brushy Draw Del (EXF.)

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

Sec. 1, T26S, R29E

14. PERMIT NO.

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

3028 Ft. GL.

12. COUNTY OR PARISH

Eddy

13. STATE

NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Cementing Surface

(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.)*

Drilled out from under 20" Conductor Pipe @ 2:00 P.M. 2-15-85.

Drilled 17½" Hole to 760 ft. Circulated Hole. Come out of hole with drill pipe.

Ran 26 jts. 13 3/8" 54.5# 8-rd ST&C. Set pipe @ 760 ft. Cemented with 800 sx.

Class C with 2% Calc. Chloride. Circ 120 sx. Plug down at 11:55 A.M. 2-16-85.

W.O.C. 12 hrs: Cut off 13 3/8". Rigged up B.O.P. and Well Head. Ready to drill

out at 7:00 A.M. 2-17-85. 19 hrs. total W.O.C. Test 13 3/8" to 1000 lbs. No leak.

Ready to drill ahead.

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

SIGNED

TITLE

Partner

DATE

2-18-85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY

*See Instructions on Reverse Side