

Form 9-331
(May 1963)

RECEIVED BY

APR 29 1985

UNITED STATES

DEPARTMENT OF THE INTERIOR

GEOLOGICAL SURVEY

NM OIL CONS. COMMISSION

Drawer DD

Artesia, NM 88210

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

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

Federal NM-23765

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Phillips Fed.

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Brushy Draw Del. Ex.

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

Sec. 1, T-26S, R-29E

14. PERMIT NO.

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

3028 GR

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:

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)

(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.)*

4-17-85

M.I.P.U.: Rig up, pull rods and tubing. Hook up Frac Head.
Gelled 1744 Bbls. fresh water with 2% KCL. Frac well with
21,000# 20/40 Sand plus 99,000# 12/20 Sand. Frac with 1744
Bbls. at 25 B.P.M. with avg. inj. pressure of 700 PSI. Shut
in over night. Will blow back tomorrow.

ACCEPTED FOR RECORD

APR 25 1985

CARLSBAD, NEW MEXICO

APR 19 1985

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

SIGNED

TITLE

Agent

DATE 4-18-85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side