

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPI
(Other instructions
reverse side)

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Form approved.
Budget Bureau No. 42-B1424

API No. 30-005-61071

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		JUL 27 1982	
2. NAME OF OPERATOR Phillips Petroleum Company		O. C. D.	
3. ADDRESS OF OPERATOR Room 401, 4001 Penbrook, Odessa, Texas 79762		ARTESIA, OFFICE	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FNL and 990' FEL		5. LEASE DESIGNATION AND SERIAL NO. NM-32185	
14. PERMIT NO. --		15. ELEVATIONS (Show whether DT, RT, GR, etc.) 3848.8' GR (unprepared)	
10. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		6. IF INDIAN, ALLOTTEE OR TRIBE NAME --	
7. UNIT AGREEMENT NAME --		8. FARM OR LEASE NAME Abo-20-FED	
9. WELL NO. 1		10. FIELD AND POOL, OR WILDCAT Ellenburger (Wildcat)	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 20, 11-S, 23-E		12. COUNTY OR PARISH Chaves	
13. STATE New Mexico			

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEMP WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(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.)

7/14/82: MI casing pullers and installed BOP. Pulled rods, pump and 2-3/8" tubing. GIH with HOWCO cement retainer and set at 2985'. Squeezed Abo perforations 3038'-3272' and 3426'-3825' below retainer with 65 sacks Class C, 14.8 lb/gal cement and set 10 sacks Class C, 14.8 lb/gal on top of retainer. Pulled up hole to 2800', reversed hole clean. Displaced hole with mud (9.5 lb/gal) laden fluid COOH with tubing.

7/15/82: RU wire line w/Jet Cutter. Cut 4-1/2" casing at 1440'. Pulled 1440' of 4-1/2" casing. Spotted 100 sacks Class C, 14.8 lb/gal cement from 1485' to 1149'. Displaced hole with mud (9.5 lb/gal) laden fluid. Spotted 25 sacks Class C, 14.8 lb/gal cement from 50' to surface. ND BOP's, cut off wellhead and installed dry hole marker. Cut off anchors, filled in cellar and cleaned up location.

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

SIGNED W. J. Mueller TITLE Sr. Engineering Specialist DATE July 19, 1982

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____