| MA WIL CONS. COMMISSION  | Form Approved.<br>Budget Bureau Nc. 42-R1424<br>5. LEASE |   |
|--|--|---|
| Drawer DD UNITED SIJ S   |  |   |
| Artesia, MDEBARDMENT OF THE INTERIOR   | LC-028784-C  |   |
| GEOLOGICAL SURVEY  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                     |   |
|  | [  | RECEIVED BY                             |
| SUNDRY NOTICES AND REPORTS ON WELLS  | 7. UNIT AGREEMENT NAME                                   | ·                                       |
| Do not use this form for proposals to drill or to deepen or plug back to a different eservoir. Use Form 9–331–C for such proposals.)   | 0. FIDU 00 1 FLOT 1111-                                  | <b>DEC 26</b> 1964                      |
|  | 8. FARM OR LEASE NAME                                    |   |
| 1. oil gas<br>well well other  | <u>Keely C Fed</u><br>9. WELL NO.                        | O. C. D.<br>ARTESIA, OFFICE             |
| 2. NAME OF OPERATOR  | 5. WELL NO.  | ARTESIA, OFFICE                         |
| Phillips Oil Company   | 10. FIELD OR WILDCAT NAME                                |   |
| 3. ADDRESS OF OPERATOR   | Grayburg-Jackson   | -                                       |
| Rm. 401, 4001 Penbrook St., Odessa, Tx 79762   | 11. SEC., T., R., M., OR BLK.                            |   |
| 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17   | AREA   |   |
| below.)  | Sec 13, T-17-S, F  | R-29-Е                                  |
| AT SURFACE: Unit F, 1980'FNL & 1980' FWL   | 12. COUNTY OR PARISH 13. STATE                           |   |
| AT TOP PROD. INTERVAL' same  |  | Mexico                                  |
| AT TOTAL DEPTH: same   | 14. API NO.  | <del></del>                             |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,<br>REPORT, OR OTHER DATA   |  | · · · · · ·                             |
|  | 15. ELEVATIONS (SHOW DF,                                 | KDB, AND WD)                            |
|  | 3640.5'KB, 3631'0  | •                                       |
| EQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:  |  |   |
| ST WATER SHUT-OFF  |  | •<br>•                                  |
| ACTURE TREAT   |  |   |
| EPAIR WELL   | (NOTE: Report results of multiple                        | e completion or ton-                    |
| JLL OR ALTER CASING  | change on Form 9-330.)                                   | -                                       |
|  | •  | A :                                     |
|  |  | · · ·                                   |
|  | · ·  | •                                       |
| ther)  |  |   |
| <ol> <li>DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state<br/>including estimated date of starting any proposed work. If well is d<br/>measured and true vertical depths for all markers and zones pertiner</li> </ol> | irectionally drilled, give subsurf                       | e pertinent dates,<br>ace locations and |
| Continued from report dated <b>R</b> ovember 2, 1984:  | : · · · •  |   |
| 11-03-84 thru  |  | -                                       |
| 12-10-84: Pmpd to rec all of load.   |  | ••                                      |
| 12-11-84: Pmpd 24 hrs, 2 BO, 9.22 MCFG, no wate  | r. GOR 4610, gravity 3                                   | 15.                                     |
| Job complete.  |  |   |
| non comptete.  | ,  | • . • •                                 |
|  |  | •                                       |
|  |  | •                                       |
|  |  |   |
|  |  |   |
|  |  |   |
|  |  | •                                       |
| ubsurface Safety Valve: Manu. and Typen/a  | Set @ .  | Ft.                                     |
|  |  | :.                                      |
| 8. I hereby certify that the foregoing is true and correct   | .ng DATE December 1                                      | 4, 1984                                 |
| Specialist   | · · · · · · · · · · · · · · · · · · ·                    |   |
| Check (This space for Federal or State of  | lice use)  |   |
| PPROVED BY DEC 2 1984 TITLE  | DATE   |   |
| $\wedge$   | •  | -<br>-                                  |
| Carlabary MEXICO   | •  | -                                       |
| *See Instructions on Reverse   | Side   |   |
| ·  |  |   |

-

•