

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPL
(Other instructions
reverse side)E*
re-Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM16816A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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7. UNIT AGREEMENT NAME

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8. FARM OR LEASE NAME

Luther-B

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Undesignated-San Andres

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

19, 8-S, 32-E

14. PERMIT NO.

6-5-75

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

4380' Gr., 4390' DF

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) TD & prod. csg.

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

Drld 7-7/8" hole to TD of 4331 on 6-17-75. Conditioned hole. Schlumberger ran BHC Sonic, GR Caliper and dual lateral log. Cond. hole.

6-18-75 - Set 135 jts (4331') 4-1/2" OD 9.5# K-55 A cond csg at 4331'. Howco cmted w/ 125 sx TRLW w/10% DD, 7.5# salt/sx followed by 275 sx Class H Neat. Plug to 4298' w/8 bbls 10% acetic acid and 62 BW. Max press 1200#, bumped w/1600#. Csg. rotated. Circ 100 sx cement. Job comp 3PM, 6-18-75. Released rig. Prep to perforate and complete.

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

SIGNED G. Krieger Gary KriegerTITLE Assoc. Reservoir EngineerDATE 6-24-75

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

*See Instructions on Reverse Side

ACCEPTED FOR RECORD

JUN 26 1975

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

UNIT STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLIC.
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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"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 16816-A	
2. NAME OF OPERATOR Phillips Petroleum Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR Room 711, Phillips Bldg., Odessa, Texas 79761		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface (Unit B) 660' FN & 1980' FE Lines		8. FARM OR LEASE NAME Luther-B	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DY, RT, GR, etc.) Later		10. FIELD AND POOL, OR WILDCAT Undesignated-San Andres	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 8-S, 32-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:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) Commence drlg operations <input checked="" 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.)*

MI & RU Cactus Drilling Company rig; spudded 12-1/4" hole at 12:30 AM.
6-6-75: Drld to 400'. Set 10 jts (400') 8-5/8" OD 28.5# X-42 csg at 400'. Howco cmt d w/400 sx Class H w/2% CaCl2 & 1/4# Flocele/sx. Plug to 370' w/23 BW. Max 300#. Circ 150 sx. Job comp 11:25 AM, 6-6-75. WOC 12-1/2 hrs. 6-7-75, WOC 5-1/2 hrs, tested csg w/800# for 30 min, OK, drld cmt 370'-400', tested w/200# for 30 min, OK. Started ahead at 400' in 7-7/8" hole.

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

SIGNED W. J. Mueller TITLE Senior Reservoir Engineer DATE 6-10-75

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

*See Instructions on Reverse Side

