

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

N. M. O. C. C. COPY
SUBMIT IN TRIPLICATE
(Other instructions
reverse side)

Form approved.
Budget Bureau No. 42-R1424.
LEASE DESIGNATION AND SERIAL NO.

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 19197	
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 E) 1980' FN, 660' FW lines		8. FARM OR LEASE NAME Tom-D	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4290.1' Gr.		10. FIELD AND POOL, OR WILDCAT Undesignated San Andres	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 3,8-S, 31-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"/>	REPAIR OR ALTER CASING <input checked="" 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 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) <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.) *

Approved by telephone L. Beekman/Harold McLemore 12-5-75.

Due to severe loss circulation problems encountered at approximately 1700-1900', propose to set 5½" O.D. 15.5# K-55 casing at present total depth of 3494', drill out cement, drill to original projected total depth; set 3½" liner at TD, tied back into 5½" casing string.

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

SIGNED W. J. Mueller TITLE Engineering Advisor DATE 12-8-75

(This space for Federal or State office use)

APPROVED BY W. J. Mueller TITLE Engineering Advisor DATE 12-8-75

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

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OIL CONSERVATION COMM.
11:55 A. M.

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O. C. C.
ARTESIA, OFFICE