

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☒ gas ☐
well well other

2. NAME OF OPERATOR
Phillips Oil Company

3. ADDRESS OF OPERATOR
4001 Penbrook St., Odessa, TX 79762

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FSL & 1980' FWL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same.

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>
(other) Temporarily Abandoned		XX

5. LEASE
NM 0-174830

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Davis N

9. WELL NO.
5

10. FIELD OR WILDCAT NAME
Chavaroo San Andres

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
7, 8-S, 33-E

12. COUNTY OR PARISH
Chaves

13. STATE
NM

14. API NO.
30-005-20847

15. ELEVATIONS (SHOW DF, KDB, AND WD)
4439 GR, 4451 KB

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

6/3/85 Temporarily abandoned well pending evaluation of future utilization.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Peter J. Roper TITLE Sr. Eng. Specialist DATE 6/6/85
W.J. Mueller

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL IF ANY:

APPROVED FOR 12 MONTH PERIOD
ENDING AUG 16 1986

*See Instructions on Reverse Side

APPROVED
PETER W. CHESTER
AUG 16 1985
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA