

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N.M. OIL CONS. COMMISSION
P.O. BOX 1004
CARLSBAD, NEW MEXICO 88240

Approved by
Budget Bureau No. 1004-0135
Expires August 31, 1985

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.)

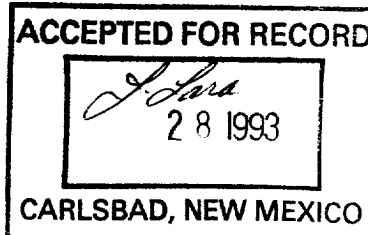
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Phillips Petroleum Company		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR 4001 Penbrook Street, Odessa, Texas 79762		8. FARM OR LEASE NAME Davis N	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit I, 1850' FSL & 660' FEL		9. WELL NO. 7	
14. PERMIT NO. API 30-005-21042		10. FIELD AND POOL, OR WILDCAT Tobec-Pennsylvanian	
15. ELEVATIONS (Show whether SP, RT, OR, etc.) 4424' GR; 4443' RKB		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18, 8-S, 33-E	
		12. COUNTY OR PARISH Chaves	
		13. STATE NM	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST 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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) <u>Cleaned out & acidized</u>	<input checked="" 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.)

- 8-12-93 - MI&RU DDU. COOH w/rod and pump. NU BOP. COOH w/prod. tubing.
- 8-16-93 - Tag fill at 8960'. Cleanout to PBTD 8991'. Set pkr. at 8893'. Press. Test casing to 500 psi. Held.
- 8-17-93 - Swab.
- 8-18-93 - Pump 1700 gals 15% NeFe acid.
- 8-19-93 - Due to heavy sand returns, bulldog bailer was run to clean out fill. GIH w/2-3/8" tubing and bailer to 8970' tag fill. Clean out to 8985' COOH w/2-3/8" and bailer. GIH w/2-3/8" and 5-1/2" packer.
- 8-20-93 - GIH w/packer and 2-3/8" to 8890'. Test to 500# psi. Pump 6 drums Use 171 DH Flnicl w/500 gals 2% KCL. Displace w/36 bbls. 2% .
- 8-23-93 - COOH w/pkr and workstring. Laying workstring down. GIH w/prod. tbg. ND BOP. Run rod and pump string. Hang well on production.
- 8-28-93 - 24 Hour Test: 77 BO; 35 BW



RECEIVED
SEP 2 11 49 AM '93
CARLSBAD AREA

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

SIGNED L. M. Sanders TITLE Supv. Regulatory Affairs DATE 08-31-93

(This space for Federal or State office use)

DATE (915) 368-1488

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

*See Instructions on Reverse Side

RECEIVED

COMMUNICATIONS
OFFICE