

RECEIVED

### 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-0174830	
2. NAME OF OPERATOR Phillips Petroleum Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 4001 Penbrook St., Odessa, Texas 79762		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 1850' FSL & 660' FEL Unit I		8. FARM OR LEASE NAME Davis N	
14. PERMIT NO. 30-005-21042		9. WELL NO. 7	
15. ELEVATIONS (Show whether DP, RT, OR, etc.) 4424' GR		10. FIELD AND POOL, OR WILDCAT Tobac (Penn)	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 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:

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 type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input checked="" 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.) \*

9-4-90: RU. Install BOP.

9-6-90: Pump 2000 gals 20% NEFe II HCl containing DS Prod NES200 non emulsifier corrosion inhibitor and 1 drum TW-425. Swab 3 hrs.

9-8-90: Squeezed well w/4 drums TH756, 40 bbls 2% KCl. Displace w/135 bbls 2% KCl and 7 gals TC 420. Shut well in.

9-10-90: Remove BOP. NU wellhead.

9-17-90: Pmpd 24 hrs. Rec 106 BO & 140 BW from open hole 8958'-8991' w/2 X 1-1/2 X 32' pump w/120" stroke @ 10 SPM.

Job complete.

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

SIGNED L. M. Sanders

TITLE Supv., Reg. & Pro.

DATE 9/19/90

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

\*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

