Form 9-331
Dec. 1973

N. M. OIL CONS. COMMISSION
P. O. BOX 1980
HOBBS, NEW MEXICO 88240

Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

5. LEASE
NM 801

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

7. UNIT AGREEMENT NAME

1. oil well ☐ gas well ☐ other Conversion to water injection per NMOCD Order No. R-7519

8. FARM OR LEASE NAME
Wyatt A Federal

9. WELL NO.
4

2. NAME OF OPERATOR
Phillips Petroleum Company

10. FIELD OR WILDCAT NAME
Maljamar (Grayburg-San Andres)

3. ADDRESS OF OPERATOR
Rm 401, 4001 Penbrook Street, Odessa, Tx 79762

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 23, T-17-S, R-33-E

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: Unit G, 1650' FNL & 1650' FEL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

12. COUNTY OR PARISH: Lea
13. STATE: New Mexico

14. API NO.
30-025-0[illegible]

15. ELEVATIONS (SHOW DF, KDB, AND WD)

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

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	☐	☐
FRACTURE TREAT	☐	☐
SHOOT OR ACIDIZE	☐	☐
REPAIR WELL	☐	☐
PULL OR ALTER CASING	☐	☐
MULTIPLE COMPLETE	☐	☐
CHANGE ZONES	☐	☐
ABANDON*	☐	☐
(other) Request for approval to install beam pumping equipment		

(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.)*

Propose to install beam pumping equipment and pump for evaluation.

Well was deepened to 4750' from 3744', 4-1/2" casing was set and perforated at 4[illegible]-4442' in the GB/SA zone, to convert well to water injection per NMOCD Order No. R-7519. After treating perfs well was swabbed, recovering sufficient oil show to warrant testing and evaluation.

Subsurface Safety Valve: Manu. and Type n/a Set @ ______ Ft.

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

SIGNED [signature] W. J. Mueller TITLE ______ DATE May 10, 1985

(This space for Federal or State office use)

APPROVED BY [signature] TITLE Acting Area Manager DATE [illegible] 1985
CONDITIONS OF APPROVAL, IF ANY:

See Instructions on Reverse Side