

COPY TO O. C. C.

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 ☒ well gas ☐ well other ☐
2. NAME OF OPERATOR  
*P. C. Phillips Petroleum Company*
3. ADDRESS OF OPERATOR  
*Oneida, Texas 79021*
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: *Unit 2 Sec 17 T10N R10E S1E*  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

- TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐  
(other) *Location of casing valves*

SUBSEQUENT REPORT OF:

- ☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐

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.)\*

*See Part 2 - notes 2" HP valves Elbow nipples E & W H.*

5. LEASE  
*1114 801*
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME  
*US Minerals*
9. WELL NO.  
*2*
10. FIELD OR WILDCAT NAME  
*GR SA*
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
*30 17 33*
12. COUNTY OR PARISH  
*Lee*
13. STATE  
*Texas*
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
*4040' DF, 4032.4' G*

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

APR 1 1979

U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED *Richard L. Lillard* TITLE *Field Supervisor* DATE *3-28-79*

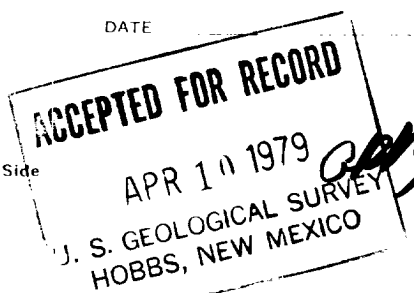
(This space for Federal or State office use)

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

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side



RECEIVED

APR 1 0 1379  
OIL CONSERVATION COMM.  
ROBBS. N. M.