

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLI
(Other instructions on re-
verse side)

Project 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 but to a different reservoir.
Use "APPLICATION FOR PERMIT -" for such proposals.)

OR WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Phillips Petroleum Company

3. ADDRESS OF OPERATOR

4001 Penbrook Street, Odessa, Texas 79762

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

Unit G, 1660' FNL & 2300' FEL

5. LEASE DESIGNATION AND SERIAL NO.

LC-065710-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Lusk Deep Unit-A

8. FARM OR LEASE NAME

Lusk Deep Unit-A

9. WELL NO.

12

10. FIELD AND POOL, OR WILDCAT

Lusk (Delaware) West

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

20, 19-S, 32-E

14. PERMIT NO.

30-025-24869

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3581' GR

12. COUNTY OR PARISH

Lea

13. STATE

NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) 5-day notice

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

(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.)

Subject well pumped 24 hrs, rec 21 BO, 179 BW on June 24, 1989. This well was previously plugged and abandoned before being reentered on April 11, 1989 and recompleted in the Delaware.

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

SIGNED

L. M. Sanders

TITLE

Regulation & Proration
Supervisor

DATE

June 29, 1989

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED
JUL 3 5 21 AM '89

RECEIVED

JUL 17 1989

OCE
HOBBS C: 7/17/89