	COPY TO O. C. C.						
Form 9-331 (May 1963) UN ID STATES SUBMIT IN TRIPI DEPARTMEINT OF THE INTERIOR (Other Instructions) GEOLOGICAL SURVEY							
			5. LEASE DESIGNATION AND SERIAL NO.				
			6. IF INDIAN, ALLOTTEE OR TRIBE NAME				
(Do not use this form for prop	Distance of the process of the proce	ick to a different reservoir.					
			7. UNIT AGREEMENT NAME				
OIL WELL GAN WELL OTHER 2. NAME OF OPERATOR			8. FARM OR LEASE NAME				
Pennzoil Company			Phillips Federal				
3. ADDRESS OF OPERATOR P. O. Drawer 1828 - Midland, Texas 79702			9. WELL NO. 4				
LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)			10. FIELD AND POOL, OR WILDCAT				
At surface	Maljamar Grayburg-San Andre 11. sec., T., R., M., OR BLE. AND						
990' FNL & 2310'	SURVEY OR AREA						
14. PERMIT NO.	Sec. 33, T-17-S, R-33-E						
14. PERMIT NO.	15. ELEVATIONS (Show whether DF,	K1, GK, ECC.)	Lea N. M.				
16. Chack 4	Appropriate Box To Indicate N	ature of Notice Report					
NOTICE OF INT			SEQUENT REPORT OF :				
	۲		X REPAIRING WELL				
TEST WATER SHUT-OFF	PULL OR ALTER CASING MULTIPLE COMPLETE	WATER SHUT-OFF FRACTURE TREATMENT	X ALTERING CASING				
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	X ABANDONMENT*				
REPAIR WELL	CHANGE PLANS	(Other)	ults of multiple completion on Well				
(Other)		Completion or Reco	mpletion Report and Log form.) ites, including estimated date of starting any				
4442-60', & 44	16-32'.		& perforated 4472-79',				
5-16-78 Acidized perfs w/3,750 gals 15% acid.			1. 《金银桥				
5-17-78 Swabbed & reco	S. GEOLOGICAL SURVEY ROBOT NEW MOYICO						
5-18-78 Frac w/30,000 gals gelled water plus 33,000# sand							
5-19-78 Ran tubing, pu to recover loa	ump & rods - Installed ad.	pumping unit & sta	arted well pumping				
5-30-78 Recovered all load plus 671 BW over load, no oil - Shut well in.							
@ 4310' & sque 4402', Cleaned	racer survey - Perforat eezed w/100 sx Class "(ted 2 holes @ 4387- C" - WOC - Drilled ated 2 SPF @ 4414-3	-4388'. Set retainer out retainer @ 4310' & 82', 4442-60', 4472-79'.				
18. I hereby certify that the pregoing							
signed Tay 1. Jo	hneer TITLE (Office Manager	DATE10-23-78				
(This space for Federal or State	office use)		aronDD				
APPROVED BY CONDITIONS OF APPROVAL, IF		ACCEPTED F	OR RECURD DATE				
	*See Instructions	i on Reverse Side U. S. GEOLO HOBBS,	2.4 1978 DGICAL SURVEX NEW MEXICO				

(May 1963)	UN ID STATES DEPARTMENT OF THE INTER		E* Form approved. re- Budget Bureau No. 42-R14 5. LEASE DESIGNATION AND SERIAL N	
		(IOR verse side)	_	
	GEOLOGICAL SURVEY		<u>NM 801</u>	
	ORY NOTICES AND REPORTS orm for proposals to drill or to deepen or plug Use "APPLICATION FOR PERMIT—" for such		6. IF INDIAN, ALLOTTEE OR TRIBE NA	
1. OIL GAS WELL	7. UNIT AGREEMENT NAME			
2. NAME OF OPERATOR			8. FARM OR LEASE NAME	
Pennzoil Company			Phillips Federal	
3. ADDRESS OF OPERATOR		٠ <u>٠</u>	9. WELL NO.	
	P. O. Drawer 1828 - Midlan	d. Texas 79702	4	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*			10. FIELD AND POOL, OR WILDCAT	
See also space 17 belov At surface	Maljamar Grayburg-San			
At surface			11. SEC., T., R., M., OR BLK. AND	
			SURVEY OR AREA	
14. PERMIT NO.	15. ELEVATIONS (Show whether	DF, RT, GR, etc.)		
14. PERMIT NO.	15. ELEVATIONS (Show whether	DF, RT, GR, etc.)	Sec. 33, T-17-S, R-	
14. PERMIT NO. 	15. ELEVATIONS (Show whether Check Appropriate Box To Indicate		Sec. 33, T-17-S, R- 12. COUNTY OF PARISH Lea N. M.	
16.		Nature of Notice, Report, o	Sec. 33, T-17-S, R- 12. COUNTY OF PARISH Lea N. M.	
16.	Check Appropriate Box To Indicate	Nature of Notice, Report, o	Sec. 33, T-17-S, R- 12. COUNTY OB PARISH 13. STATE Lea N. M. r Other Data	
16.	Check Appropriate Box To Indicate	Nature of Notice, Report, o	Sec. 33, T-17-S, R- 12. COUNTY OF PARISH 13. STATE Lea N. M. r Other Data SEQUENT REPORT OF:	
16. TEST WATER SHUT-OFT FRACTURE TREAT	Check Appropriate Box To Indicate otice of intention to: FPULL OR ALTER CASING	Nature of Notice, Report, o subs water shut-off	Sec. 33, T-17-S, R- 12. COUNTY OF PARISH 13. STATE Lea N. M. r Other Data SEQUENT REPORT OF: X REPAIRING WELL	
16. TEST WATER SHUT-OFJ FRACTURE TREAT SHOOT OR ACIDIZE	Check Appropriate Box To Indicate otice of intention to: F	Nature of Notice, Report, o subs water shut-off fracture treatment shooting or acidizing (Other)	Sec. 33, T-17-S, R- 12. COUNTY OF PARISH 13. STATE Lea N. M. r Other Data SEQUENT REPORT OF: X REPAIRING WELL ALTERING CASING X ABANDONMENT*	
16. TEST WATER SHUT-OFT FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL	Check Appropriate Box To Indicate otice of intention to: F PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON*	Nature of Notice, Report, o SUBS WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other)	Sec. 33, T-17-S, R- 12. COUNTY OB PARISH 13. STATE Lea N. M. r Other Data SEQUENT REPORT OF: X REPAIRING WELL ALTERING CASING	
16. TEST WATER SHUT-OFT FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)	Check Appropriate Box To Indicate otice of intention to: F PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON*	Nature of Notice, Report, o SUBS WATER SHUT-OFF FRACTUBE TREATMENT SHOOTING OR ACIDIZING (Other) (NOTE: Report res Completion or Reco	Sec. 33, T-17-S, R- 12. COUNTY OF PARISH 13. STATE Lea N. M. r Other Data SEQUENT REPORT OF: X REPAIRING WELL ALTERING CASING X ABANDON MENT* Inits of multiple completion on Well multiple completion on Well interview of the starting	

- $\frac{6-17-$ thru $7-14-78}{\text{Well}}$ Well pumped approximately 180 barrels water per day, no oil w/good show of gas.
- 7-15-78 Shut well in to re-evaluate

18. I hereby certify that the toregoing is true and correct SIGNED Ory A. Johnson		Office Manager	date <u>10-23-78</u>
(This space for Federal or State office use)			
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE	<u></u>	DATE