

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget 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 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-801
2. NAME OF OPERATOR Phillips Petroleum Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 4001 Penbrook Street, Odessa, TX 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 Unit H, 2310' FNL & 330' FEL		8. FARM OR LEASE NAME Eilliams
14. PERMIT NO. 30-025-26185		9. WELL NO. 8
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4138.3' GL; 4149' RKB		10. FIELD AND POOL, OR WILDCAT Maljamar Gb/SA
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 34, T-17-S, R-33-E
		12. COUNTY OR PARISH Lea
		13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Squeeze perforations <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) <i>add Guin</i>	

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.)\*

04-24-91: MIRU DDU. Install BOP. COOH w/rods; tubing stuck.  
04-27-91: Set RBP at +/-3920'. Test plug to 500#.  
04-29-91: Set retainer @ +/-3800'. Pump 100 sx Howco Prem. Cl."C" cmt. into perfs 3854-3870'. Squeeze perfs to 1250#.  
04-30-91: Drilled out to RBP. Pressure tested to 500#; held ok.  
05-02-91: POOH w/RBP.  
05-03-91: GIH w/collars & bit; clean out hole to 4690'.  
COOH w/collars & bit.  
05-06-91: GIH w/tubing and rods. Hang well on. Start pumping.  
05-08-91: Pumped 24 hrs. Rec. 5 BO; 354 BW; 10 MCF; oil gravity: 35.7.  
Producing interval: 4367-4658' (Grayburg/SA).

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

SIGNED *L. M. Sanders* TITLE Reg. & Proration Supv. DATE 05-10-91

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side