

UNITED STATES
DEPARTMENT OF THE INTERIOR

SUBMIT IN ~~DEVELOPMENT~~ ~~EXPLORATION~~
(Other instruct on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

API #30-025-26668

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 "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 Room 401, 4001 Penbrook St., 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 0, 990' from south & 1650' from east lines		8. FARM OR LEASE NAME U. S. Minerals	
14. PERMIT NO. NA		9. WELL NO. 5	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4033' Gr., 4041' RKB		10. FIELD AND POOL, OR WILDCAT Maljamar Gb/San Andres	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 30, T-17-S, R-33-E	
		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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>

(Other) plug back same zone-water shut off

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>

(Other) ☐

(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.)*

1. MI, RU DD unit, install BOP
2. Pull rods, pump, tubing
3. RU and establish. Set CIBP at 4400'; blanking off perfs 4408-4425', and leaving perfs 4226-4263' open for production.
4. Run tubing rods and pump. Restore well to production status.

BOP Eqpt: Series 900, 3000# WP, double w/one set blind rams, one set pipe rams, manually operated.

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

SIGNED Ralph J. Roeder

TITLE Sr. Engineering Specialist

DATE 4-8-81

for W. J. Mueller
(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

cc: OCD--Hobbs (early info copy)
Houston C files
Odessa C files

*See Instructions on Reverse Side

APR 10 1981

JAMES A. GILLHAM
DISTRICT SUPERVISOR