

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLI
(Other instructions
verse side)

RECEIVED

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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Phillips Petroleum Company

3. ADDRESS OF OPERATOR

4001 Penbrook St., Odessa, TX 79762

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

330' FSL & 1980' FEL

14. PERMIT NO.

30-025-30490

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

3563.6' GL; 3580.6' KB

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.

14

10. FIELD AND POOL, OR WILDCAT

Lusk (Delaware) West

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

Sec. 20, T-19-S, R-32-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:

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)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

5 day notice of oil production
(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.)*

2/2/89 Well pumped 24 hrs producing 9 BO & 74 BW.

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

SIGNED

L.M. Sanders

TITLE

Supervisor, Regulation &
Proration

DATE

2/2/89

(This space for Federal or State office use)

APPROVED BY

(ORIG. SGD.) DAVID R. GLASS

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

CARLSBAD, NEW MEXICO

*See Instructions on Reverse Side

RECEIVED

MAR 17 1990

CCO
HOBBS OFFICE