

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instructions
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.)

OIL <input checked="" type="checkbox"/> WELL <input checked="" type="checkbox"/> GAS <input type="checkbox"/> WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-065710-A
2. NAME OF OPERATOR Phillips Petroleum Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 4001 Penbrook St., Odessa, Texas 79762		7. UNIT AGREEMENT NAME Lusk Deep Unit-A
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit A, 330' FNL & 330' FEL		8. FARM OR LEASE NAME
14. PERMIT NO. 30-025-30517		9. WELL NO. 17
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3591.7' GL; 3605.7' KB		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:		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 COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Run csg; put on pump <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(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.)

12/8/89 Ran DIL-GR-Cal TD-4500', LDT-CNL-GR-Cal TD-4500', CNL-Cal 2500-0'.

12/9/89 Ran 175 jts. 5-1/2" 15.5#, J-55, LH&C casing & set @ 7220'. Cemented w/500 sacks Howco Lite, 13.1 ppg, 1.69 yield, 8.8 gal./sack & 300 sacks Class C Neat, 14.8 ppg, 1.32 yield, 6.3 gal/sack. WOC 24 hrs. PBTD 7173'. Released drilling rig.

12/19/89 Perforated w/4" OD casing gun w/deep penetrating DML charges @ 2 SPF & spiral phasing from 6476'-6484', (8', 17 holes).

12/20/89 Swabbing

12/21/89 Acidize perforations 6476'-6484' w/800 gal. 15% NeFe HCL acid.

12/22/89 Swabbing

12/29/89 SI waiting on pumping unit.

1/22/90 Installed pumping unit.

1/25/90 Pumping 24 hrs. 60 BO & 31 BW. Temp. drop pending potential test.

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

Asst.

SIGNED

J.L. Maples

TITLE Regulation & proration

DATE 2/27/90

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

MAR 5 1990

DATE

*See Instructions on Reverse Side

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RECEIVED

MAR 7 1990

COO
HOBBS OFFICE