

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPPLICATE*
(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. NM801	
2. NAME OF OPERATOR Phillips Petroleum Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 4001 Penbrook Street, Odessa, Texas 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 A, 989' FNL & 660' FEL		8. FARM OR LEASE NAME Eilliams Federal	
14. PERMIT NO. 30-025-30778		9. WELL NO. 9	
15. ELEVATIONS (Show whether DF, ST, OR, etc.) 4143.7' GR		10. FIELD AND POOL, OR WILDCAT Maljamar Gb/SA	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 34, 17-S, 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) Commence drlg & set csg <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.)*

2-16-90: MI & RU L&M Drlg rig No. 1. Spud 12-1/4" hole @ 5:00 p.m.
 2-18-90: Td'd 12-1/4" hole @ noon. Set 8-5/8" 24# K-55 ST&C csg @ 1519' w/1000 sx Class "C", 2% CaCl. Circ. 200 sx cmt.
 2-24-90: Td'd 7-7/8" hole @ 8:30 a.m. Ran LDT-CNL-GR-Cal log from TD @ 4750' to 2500'; CNL-GR-Cal from 2500' - surface & DLL-GR-Cal from 4750' to 2500'.
 2-24-90: Set 5-1/2" 15.5# K-55 ST&C csg w/1000 sx Class "C" 65/35 Poz 6% gel, 5% salt and 400 sx Class "C" neat. Circ. 200 sx to surface. ND BOP, set 5-1/2" csg slips and cut csg. Released rig @ 2-25-90. Waiting on completion unit.

ACCEPTED FOR RECORD
As
MAR 6 1990
CARISBAD, NEW MEXICO

RECEIVED
MAR 1 11 03 AM '90
CARISBAD, NEW MEXICO

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

SIGNED <u>J. L. Maples</u>	TITLE <u>Reg & Pro. Assistant</u>	DATE <u>02-27-90</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side