

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse 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, GR, 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"/>
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) <input type="checkbox"/>	

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) Commence drlg & set csg <input checked="" 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

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

SIGNED J. L. Maples

TITLE Reg & Pro. Assistant

DATE 02-27-90

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side