

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI
(Other instructions
verse side)

DATE
ON

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.)

5. LEASE DESIGNATION AND SERIAL NO.

X-031621 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

LC

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Hobbs

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Eunice Monument Gb/SA

11. SEC., T., R., E., OR BLK. AND
SUBDIVISION AREA

18, 20-S, 37-E

12. COUNTY OR PARISH

Lea

13. STATE

NM

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Phillips Petroleum Company

3. ADDRESS OF OPERATOR

4001 Penbrook Street, Odessa, Texas 79762

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

Unit K, 1980' FSL & 1980' FWL

14. PERMIT NO.

API No. 30-025-06159

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

3576' RKB, 3565' GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANE

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

<input type="checkbox"/>
<input type="checkbox"/>
<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.)*

Proposed procedure to acidize, frac and return well to production:

MI & RU DDU. COOH with rods and pump. Installed BOP. COOH with 2-7/8" production tubing and TAC. GIH with 7" RTTS type packer on 2-7/8" workstring. Set packer at 3720'. Load annulus with produced water and maintain 500 psi throughout treatment. Pressure test all lines to 6000 psi before treating. Frac Grayburg-San Andres open hole with 20,000 gals of CX-140 carrying 15,000# of 20/40 mesh sand and 22,000# 12/20 mesh sand. Swab back load. Unseat pkr. COOH. Run production string and return well to production.

RECEIVED
OCT 23 11 00 AM '87
CARLSBAD RESOURCE
AREA HEADQUARTERS

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

SIGNED

W. J. Mueller

TITLE Engineering Supervisor

DATE 10-21-87

Reservoir

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

11-9-87

*See Instructions on Reverse Side

RECEIVED
NOV 12 1987
OCD
HOBBS OFFICE