2	*	,		A CHARLESTAN TO MA	in di Chin
Form 9- (May 1		UNITY STATES SUBMIT IN TRIPLICA DEPARTMENT THE INTERIOR (Other instructions on verse side)		Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.	
		GEOLOGICAL SURVEY	· + •	LC 031621	(h)
			6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
	(Do not use this form for propo- Use "APPLIC.	ICES AND REPORT sals to drill or to deepen or partion for Permit—" for au			
1.	L TO GAS			7. UNIT AGREEMENT NAME	
WEI	LL LT WELL OTHER	<u> </u>	· DECEINED		
2. NAN	ME OF OPERATOR	1. 4		8. FARM OR LEASE NAM	E
	Phillips Petro	Leum Comapny	ري ال	Hobbs	
S. ADD		ldaa Dlda — Olean	JUN 4 1976	9. WELL NO.	
4 100	Room 806, Phillips Bldg., Odessa, Texas 79761			4	
	LOCATION OF WELL (Report location clearly and in accordance with any State requirements CAL SURVA aurage			, 10. FIELD AND POOL, OF	WILDCAT
A t	Patrace	HOBBS, NEW MEXICO	Eunice Monumer	nt Gb/Sa	
	Unit N, 1980' FW, 660' FS lines			11. SEC., T., R., M., OR E SURVEY OR AREA	LK, AND
				18, 20-s,	37 - E
14. PER	PERMIT NO. 15. ELEVATIONS (Show whether DF.		er DF, RT, GR, etc.)	12. COUNTY OR PARISH	13. STATE
		3546 DF		Lea	New Mexic
16.	Check Ap	ther Data			
	· NOTICE OF INTEN	тревеля	SUBSEQUENT REPORT OF:		
TE	ST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING W	TELL
TR.	ACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CA	BING
811	OOT OR ACIDIES	ABANDON*	SHOOTING OR ACIDISING	ABANDONMEN	- , ,
RE	PAIR WELL			ation of csg valves x	
	ther)	<u></u>		of multiple completion of tion Report and Log for	
P	CRIBE PROPOSED OR COMPLETED OPE proposed work. If well is direction ent to this work.) *	RATIONS (Clearly state all pert nally drilled, give subsurface	incut details, and give pertinent dates, locations and measured and true vertical	including estimated date depths for all markers	of starting any and sones perti-
	Surface - 13-3/	/8" - Lowermost vai	lve on annular flanges o	f well head	
	Intermediate -	9-5/8" - Middle va	alve on annular flanges	of well head	
	•		e on annular flanges of		

Witnessed by Mr. J. W. Runyan 18. I hereby certify that the foregoing is true and correct Associate Mechanical/ Frantz 5-26-76 TITLE . Production Engineer (This space for Federal or State office use) TITLE

*See Instructions on Reverse Side

HOBBS, NEW MEXICO