

UNIT. STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICA
(Other instructions on
verse side)

Form approved.
Budget Bureau No. 42-R1424.

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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
Phillips Petroleum Company

3. ADDRESS OF OPERATOR
Room 806, Phillips Bldg., Odessa, Texas 79761

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

Unit G, 1980' FN&E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, OR, etc.)
3565' RKB

5. LEASE DESIGNATION AND SERIAL NO.
LC 031621 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Mexico

9. WELL NO.
2

10. FIELD AND POOL, OR WILDCAT
Eunice-Monument Gb/SA

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
18, 20-S, 37-E

12. COUNTY OR PARISH
Lea

13. STATE
New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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PULL OR ALTER CASING

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FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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REPAIRING WELL

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FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Identification of csg valves

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(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.) *

Surface: 13-3/8" — Lowermost valve on annular flanges of well head.

Intermediate: 9-5/8" — Middle valve on annular flanges of well head.

Production: 7" — Uppermost valve on annular flanges of well head.

Witnessed by Mr. J. W. Runyan

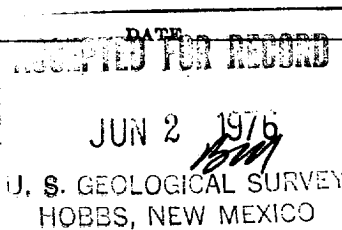
18. I hereby certify that the foregoing is true and correct

SIGNED L.L. Frantz TITLE Assoc. Mech./Prod. Engineer DATE 5-26-76

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____



*See Instructions on Reverse Side