

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPI  
(Other instructions  
verse side)

FE  
re

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.)

5. LEASE DESIGNATION AND SERIAL NO.

NM 025 7272

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Hat Mesa "COM"

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Hat Mesa-Morrow

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

11, 21-S, 32-E

12. COUNTY OR PARISH

Lea

13. STATE  
New Mexico

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Phillips Petroleum Company

3. ADDRESS OF OPERATOR

Room 711, 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

1980' FN, 1979.7' FE lines, Sec. 11, (Unit G)

14. PERMIT NO.

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

3834.4' RKB

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS.

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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.)\*

Propose dig test pit, lay test flow line to pit, acidize perfs 13,724-14,300' w/7000 gals 7 1/2% HCL IST acid w/additives and 1000 SCF nitrogen per bbl. Flush w/ 50 bbls 2% KCL water w/1000 SCF nitrogen per bbl. Start flow test immediately.

NOTE:

Request authority to flare gas, after acid job, for three 10 hour days during formation clean-up.

BOP Equipment: Series 900, 3000# WP, Double, with one set pipe rams and one set blind rams, manually operated.

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

SIGNED W.J. Mueller

TITLE Engineering Advisor

DATE 9-15-75

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE