

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN THE DATE
ORIGINAL THROUGH
FEDERAL AID

Form 100-1
Rev. 10-1-83
August 31, 1985

LEASE IDENTIFICATION AND SERIAL NO

NM-14332 86710

6. IF INDIAN ALLOTTEE OR TRIBE NAME

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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Phillips Petroleum Company

3. ADDRESS OF OPERATOR

4001 Penbrook St., 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 E, 1980' FNL & 660' FWL

14. PERMIT NO

30-025-31443

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

3646' GR

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Luke Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

N. E. Livingston Ridge (Delaware)

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

Sec. 31, T-21-S, R-32-E

12. COUNTY OR PARISH 13. STATE

Lea

NM

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 PLANT ☐

(Other) ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(Other) ☐

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DES. FIELD OR POOL OR COMPLETE OPERATIONS (Give in short but pertinent details, and give pertinent dates, including estimated date of starting and 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.)

DUE TO A WATER FLOW ENCOUNTER AT APPROXIMATELY 3050' THE 8-5/8" CASING CEMENT PROGRAM WILL BE REVISED AS FOLLOWS TO MINIMIZE THE POSSIBILITY OF LOST CIRCULATION INTO THE WATER FLOW ZONE WHILE CEMENTING.

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

SIGNED

Joe M. [Signature]

TITLE Supervisor Reg/Proration

DATE 11-21-91

(This space for Federal or State office use)

(915) 368-1488

APPROVED BY

TITLE

DATE 11/25/91

CONDITIONS OF APPROVAL, IF ANY:

8 5/8" CSG IS TO BE CEMENTED TO THE SURFACE.

*See Instructions on Reverse Side