

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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 ☐		5. LEASE DENOMINATION AND SERIAL NO. NM-86710
2. NAME OF OPERATOR Phillips Petroleum Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 4001 Penbrook Street, Odessa, Texas 79762		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit N, 660' FSL & 1980' FWL		8. FARM OR LEASE NAME Bilbrey 34 Fed Com
14. PERMIT NO. API No. 30-025-31470		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3737.6' GL (Unprepared)		10. FIELD AND POOL, OR WILDCAT Bilbrey (Atoka) & Bilbrey (Morrow)
		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 34, T-21-S, R-32-F
		12. COUNTY OR PARISH Lea
		13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☒	(Other) ☐	

(Other) _____

(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.)

Amended to change Proposed depth from 14,950' to 15,100'

Amended to change 4-1/2" Liner Cement Program to:

325 sx Class "H" + 0.6% Halad 344 + 0.3% HR-5.

Slurry Weight:	15.6 ppg
Slurry Yield:	1.18 ft ³ /sx
Water Required:	5.2 gal/sx

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

SIGNED [Signature] TITLE Supervisor Reg/Proration DATE 1-30-92

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 2-3-92

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side