

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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.)

RECEIVED

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		FEB 20 1992		5. LEASE DESIGNATION AND SERIAL NO. LC-028784-C	
2. NAME OF OPERATOR Phillips Petroleum Company		O. C. D.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 4001 Penbrook Street, Odessa, Texas 79762		ARTIFICIAL LIFT		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 L, 1980' FSL, 660' FWL				8. FARM OR LEASE NAME Keely "C" Federal	
14. PERMIT NO. API No. 30-015-05910		15. ELEVATIONS (Show whether DF, HY, GR, etc.) 3575' GL		9. WELL NO. 15	
				10. FIELD AND POOL, OR WILDCAT Gb/Jackson SR-Q-Gb-SA	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26, 17-S, 29-E	
				12. COUNTY OR PARISH Eddy	
				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	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
PCLL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>		
(Other) Set CIBP and TA wellbore <input checked="" type="checkbox"/>		(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.)*

MIRU DDU. NU BOP. Strap production tubing out of hole. TIH with 6-1/4" bit casing scraper (7" 20# casing) and 2-3/8" tubing to 2450'. POOH.

RIH with 7" CIBP on 2-3/8" tubing. Set CIBP at 2420'.

Circulate and load hole with 94 bbls inhibited fluid.

Close BOP. Pressure production casing to 500 psig and run a casing integrity test using a pressure recorder. (must be able to hold this pressure for 15 minutes with a 10% allowable leakoff.)

If test is successful, POOH laying down tubing. Top off casing with inhibited fluid. ND BOP. Secure wellhead with ball valve at surface and SI pending recompletion. (No cement cap is required to TA per Shannon Shaw w/ Carlsbad BLM).

If casing fails to test, POOH. PU packer. RIH and isolate holes in casing. Establish a rate and pressure and attempt to break circulation to surface up the bradenhead.

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

SIGNED

L. M. Sanders

TITLE

Regul. & Pror. Supervisor

2/14/92

(915) 368-1488

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side