(N	emt	e.	; 198: 331	

	U ED STATES ARTMENT OF THE INTERIOR EAU OF LAND MANAGEMENT	SUBMIT IN TRIF TE* (Other Instructions on re- verse side)	Budget Bureau No Expires August 31 S. LEASE DESIGNATION AND SI LC-028784-C		
SUNDRY NO (Do not use this form for prope Use "APPLI	6. IF INDIAN, ALLOTTEE OR TRIBE NAME				
ONL GAS WELL X WELL	OTHER		7. UNIT AGREEMENT NAME		
2. NAME OF OPERATOR Phillips Petroleum Com	B. FARM OR LEASE NAME KEETY C FED				
3. ADDRESS OF OPERATOR ROOM 401, 4001 Penbroo	9. WELL NO				
 LOCATION OF WELL (Report location clea See also space 17 below.) At surface 	18. FIELD AND POOL, OR WILDCAT Grayburg Jackson SR-Q-Gb-SA				
Unit G, 1980' FNL & 19	11. SEC, T., R., M., OR BLK. AND SURVEY OR AREA 13, 17-S, 29-E				
14. PERMIT NO. API No. 30-015-20340	15. ELEVATIONS (Show whether DF, RT, GR, etc.		12. COUNTY OF PARISH Eddy	13. STATE N.M.	
16. Chec	ck Appropriate Box To Indicate N ention to:	Nature of Notice, Report, or C	Other Data SUBSEQUENT REPORT OF:		
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL	PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS	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.)			
 DESCRIBE PROPOSED OR COMPLETE proposed work. If well is directionent to this work.)* 	ED OPERATIONS (Clearly state all pertin nally drilled, give subsurface locations a	ent details, and give pertinent date and measured and true vertical depr	es, including estimated date ths for all markers and zone	of starting any s perti-	
taken on 1/83 was 1 BUPD	shut down August 1, 1987 , O BWPD and 3 MCFD. The evaluation for recomplet	e subject well is to b	erate. The last be held shut in pe	test ending	

APPROVED FOR 12 MONTH PERIOD ENDING 18. I hereby certify that the foregoing is true and correct SIGNED Eng. Supervisor, Res. TITLE November 30, 1987 DATE W. J. Mueller (This space for Federal or State office use) **APPROVED BY** TITLE **CONDITIONS OF APPROVAL, IF ANY:**

*See Instructions on Reverse Side

Keely CFed47