Form 3160-5 UNITED STATES November 1983) DEPARTMENT OF THE I			INTERIO	SUBMIT IN TEL. (Other instruction)R verse aide)	Form approved. Budget Bureau No. 1004-0135 Expires August 31, 1985 5. LEARS DESIGNATION AND SERIAL NO.			
		AU OF LAND MAN				LC-0287		
		TICES AND RE		ON WELLS sek to a different reserve special.)	oir.		WITER OF T	FIRE NAME
OIL CAS OTHER				RECEIVED	7. UNIT AGREEMENT NAME			
2. MANS OF OFFEATOR Phillips Petroleum Company				FEB 2 0 1997	Keely "C" Federal			
3. ADDRESS OF OFFERTOR 4001 Penbrook Street, Odessa, Texas				O. C. D.	9. WELL NO.			
		, Odessa, Te				10. FIBLE AND P	001 02 411	
See also space 17 below.) At surface Unit G, 1980' FNL, 1980' FEL						Gb/Jacks		
					11. SBC., T., R., M., OR BLE. AND SURVEY OR AREA			
			· · · · · · · ·			Sec. 13,	•	
14. PRRMIT NO. 30-01	5-20340	18. BLEVATIONS (Shi 3644' RKB	- •			Eddy	NM	
16.	Check /	Appropriate Box To	Indicate No	ature of Notice, Rep	ort, or C	ther Data		
						DENT REPORT OF:		
TEST WATER SEUT-OF	,	PULL OR ALTER CARING		WATER EMUT-OFF		7	RING WELL	\Box
PRACTURE TREAT		MULTIPLE COMPLETE		PRACTURE TREATM	ENT	7	ING CYRING	
SHOOT OR ACIDISE		ABANDON*		SHOOTING OR ACID	121346	ABANI	ORMERI*	
REPAIR WELL		TA wellbore	$\frac{1}{x}$	(Other)	and named to	of multiple comp		
17. PERCEINE PROPOSED OF	COMPLETED	PERATIONS (Clearly stat	e all pertinent	Completion of details, and give pertinuous and measured and s	ant dates	etion Report and i including estimat il depths for all n		starting any somes perti-
MIRU DDU. NU scraper (4-1/2							ng	
RIH with 4-1/2	" CIBP	on 2-3/8" wo	rkstring	g. Set CIBP	at 242	20'.		
Circulate and	load ho	ole with 36 b	bls inhi	bited fluid.				
Close BOP. Pr test using a p minutes with a	ressure	recorder.	(Must be	500 psig and able to hold	d run d this	a casing s pressure	integr for 1	ity 5
If test is sucfluid. ND BOP recompletion.	. Secu	re wellhead	with bal	ll valve at s	urface	e and SI p	ending	
If casing fail Establish a ra the bradenhead	s to te te and	est, POOH. P	U packei	RIH and i	solate	e holes in	casin	g.
18. I hereby certify that	the foregoing	/a/trule and correct						
SIGNED	MA	1/Mas-	Regi	al. & Pror. S	uperv	DATH	/14/92	
(This space for Fodor	al or State					(312) 308-	1488	
APPROVED BYCONDITIONS OF AP	PROVAL, IF		rit le		 	DATE	- <u> </u>	