

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN THE SCATH-  
(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.)

|                                                                                                                                                                            |  |                                                                        |                                                                           |                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------|
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>                                                                      |  | RECEIVED                                                               | 2. LEASE DESIGNATION AND SERIAL NO.<br>LC-028784-C                        |                 |
| 2. NAME OF OPERATOR<br>Phillips Petroleum Company                                                                                                                          |  | APR - 3 1992                                                           | 3. IF INDIAN, ALLOTTEE OR TRIBE NAME                                      |                 |
| 3. ADDRESS OF OPERATOR<br>4001 Penbrook Street, Odessa, Texas 79762                                                                                                        |  | O. C. D.                                                               | 4. UNIT AGREEMENT NAME                                                    |                 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface<br><br>Unit G, 1980' FNL, 1980' FEL |  | OFFICE OFFICE                                                          | 5. FARM OR LEASE NAME<br>Keely "C" Federal                                |                 |
| 14. PERMIT NO.<br>30-015-20340                                                                                                                                             |  | 15. ELEVATIONS (Show whether to, to, or, etc.)<br>3644' RKB - 3624' GL | 6. WELL NO.<br>47                                                         |                 |
|                                                                                                                                                                            |  |                                                                        | 7. FIELD AND POOL, OR WILDCAT<br>Gb/Jackson SR-Q-Gb-SA                    |                 |
|                                                                                                                                                                            |  |                                                                        | 8. SEC., T., R., N., OR BLK. AND<br>SURVEY OR AREA<br>Sec. 13, 17-S, 29-E |                 |
|                                                                                                                                                                            |  |                                                                        | 9. COUNTY OR PARISH<br>Eddy                                               | 10. STATE<br>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"/> | PCLL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/>                                                               | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETE <input type="checkbox"/>    | FRACTURE TREATMENT <input type="checkbox"/>                                                           | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>             | SHOOTING OR ACIDIZING <input type="checkbox"/>                                                        | ABANDONMENT* <input type="checkbox"/>    |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         | (Other) Set CIBP & TA wellbore                                                                        | X                                        |
| (Other) <input 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.)

03-23-92: MI & RU. Run scraper on 2-3/8 workstring, set at 2458'. POOH. GIH w/ 4-1/2 CIBP on workstring. CIBP set at 2420'. Circulate hole with 36 bbl total fluid. Press up on system and run chart test. Hold press on chart for 15 min. Test ok. BLM rep. witness test. COOH with workstring. Temp. drop from report. Request permit to TA wellbore for one year.

APPROVED FOR 12 MONTH PERIOD

ENDING 3/22/93

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

SIGNED

L. M. Sanders

TITLE

Supv., Reg./Proration

DATE

03-24-92

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

4-1-92

\*See Instructions on Reverse Side

