

Form 3160-5
November 1983)

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November 1983)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR. DATE*
(Other instructions on re-
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

LC-028793-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Burch "BB" Federal

9. WELL NO.

23

10. FIELD AND POOL, OR WILDCAT

Gb/Jackson SR-Q-GbSA

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 18, 17-S, 30-E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Phillips Petroleum Company

3. ADDRESS OF OPERATOR

4001 Penbrook St., Odessa, Texas 79762

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

Unit E, 1980' FNL, 617' FWL

14. PERMIT NO.

API No. 30-015-20433

15. ELEVATIONS (Show whether DF, RT, CR, etc.)

3641' GL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Set CIBP&TA'd wellbore

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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.)*

3-19-92 - NU BOP GIH with scraper and 2-3/8" workstring to 2440'. COOH. GIH W/4-1/2 CIBP Set @ 2400'. RU and circulate well with Tretolite KW132 and water. TA'd wellbore. Well has been sold to Marathon Oil Co. as of 11-1-92.

BLM APPROVAL IS REQUIRED TO
T.A. WELLS ON FEDERAL LEASES.

Adm
11-6-92

ACCEPTED FOR RECORD

6 1992

CARLSBAD, NEW MEXICO

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

SIGNED

L. M. Sanders

TITLE

Supv. Regulatory Affairs

DATE

10-23-92

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side