Form 3160-5

Budget Bureau No. 1004-0135.\C\

U、.ED STATES	SUBMIT IN TRIPTE* (Other Instructions on re- verse side)	Expires August 31, 1985			
PARTMENT OF THE INTERIOR		S. LEASE DESIGNATION AND SERIAL NO.			
SUREAU OF LAND MANAGEMENT	verse side/	- LC-CEOPS BANGE			
IOTICES AND REPORTS ON V	6. IF INDIAN, ALLOTTEE OR TRIBE NAME				
roposals to drill or to deepen or plug back to a d .PPLICATION FOR PERMIT -" for such proposals.)	lifferent reservoir.	Larc-028784 - 93(B)			

IOVEI	mbe? 1 96 3)		01 1LU 31A	163	SODIALL HALLMING	'-	EXDITES MUDUSUS	1.1303	
	erly 9-331)		RTMENT OF THE	verte tirle)		n re-	S. LEASE DESIGNATION AND SERIAL NO.		
			FICES AND RE peals to drill or to deep CATION FOR PERMIT -		different reservoir. .)		6. IF INDIAN, ALLOTTEE OR TR	_	
	OIL GAS WELL X WEL		OTHER		RECEIVED		7. UNIT AGREEMENT NAME		
	ME OF OPERATOR hillips Petro	leum Com	pany	-	FEB 01 '88		8. FARM OR LEASE NAME Burch BB Fed		
	oom 401, 4001	Penbroo	k St., Odessa,	TX 79762	O. C. D.		9. WELL NO. 24		
Se	CATION OF WELL (Report e also space 17 belov surface		rly and in accordance v	with any State requ			18. FIELD AND POOL, OR WILE Grayburg Jackson Si	_	
U	nit F, 2120'	FNL & 16	76' FWL				11. SEC, T., R., M., OR BLK. AN SURVEY OR AREA 18, 17-S, 30-E	ID	
_	RMIT NO. PI No. 30-015-20443		15. ELEVATIONS (Show v	whether DF, RT, GR, etc.) 43 GL			12. COUNTY OR PARISH Eddy	13. STATE N.M.	
16.		Chec	k Appropriate Bo	x To Indicate Na	ture of Notice, Repo	rt, or O	her Data		
		NOTICE OF INTE	INTION TO:	1		5	UBSEQUENT REPORT OF:		
	TEST WATER SHUT-OF! FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)		PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS				REPAIRING WELL ALTERING CASING ABANDONMENTS Is completion on Well port and Log form.)	=	
T tak	proposed work. If w nent to this work.)* The subject we en on 6/30/82	ell is direction ell was s was 2 B	nally drilled, give subs shut down Augu	urface locations and st 1, 1987 a nd 7 MCFD. 1	t details, and give pertin I measured and true vert S uneconomical The subject well	ent dates ical depth	including estimated dat s for all markers and zone rate. The last be held shut i	es perti-	

APPROVED FOR 12 MONTH PERIOD ENDING 1/20/89

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18. I hereby certify	that the	foregoin	ng is true and corre	ect			
SIGNED		fet	W. Mueller	TITLE	Eng. Supervisor, Res.	DATE _	November 30, 1987
(This space for F	ederal o	State of	fice use)				
APPROVED BY	• •			TITLE		DATE _	1-21-88
CONDITIONS	F APPRO	VAL, IF A	NY:				

*See Instructions on Reverse Side

BurchBBFed24