

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other Instructions
verse side)

Form 3160-5, 1001-01-05
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.
LC-028793-C

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Burch-C Fed

9. WELL NO.

48

10. FIELD AND POOL, OR WILDCAT

Grayburg/Jackson/7R/Q/GB/S/

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

Sec. 23, T-17-S, R-29-E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

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.)

RECEIVED

NOV 20 1991

O. C. O.
ARTESIA, OHIO

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 0, 2070' FEL & 1250' FSL

14. PERMIT NO.

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

3583.5' GL Unprepared

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 PLANS ☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(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.)*

Sundry notice filed to amend location per BLM request.

Post ID-1
11-29-91
Amend Loc.

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

SIGNED

L. M. Sanders
L. M. Sanders

TITLE

Supervisor,
Regulation and Proration

DATE

11/6/91

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

11-18-91

*See Instructions on Reverse Side

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

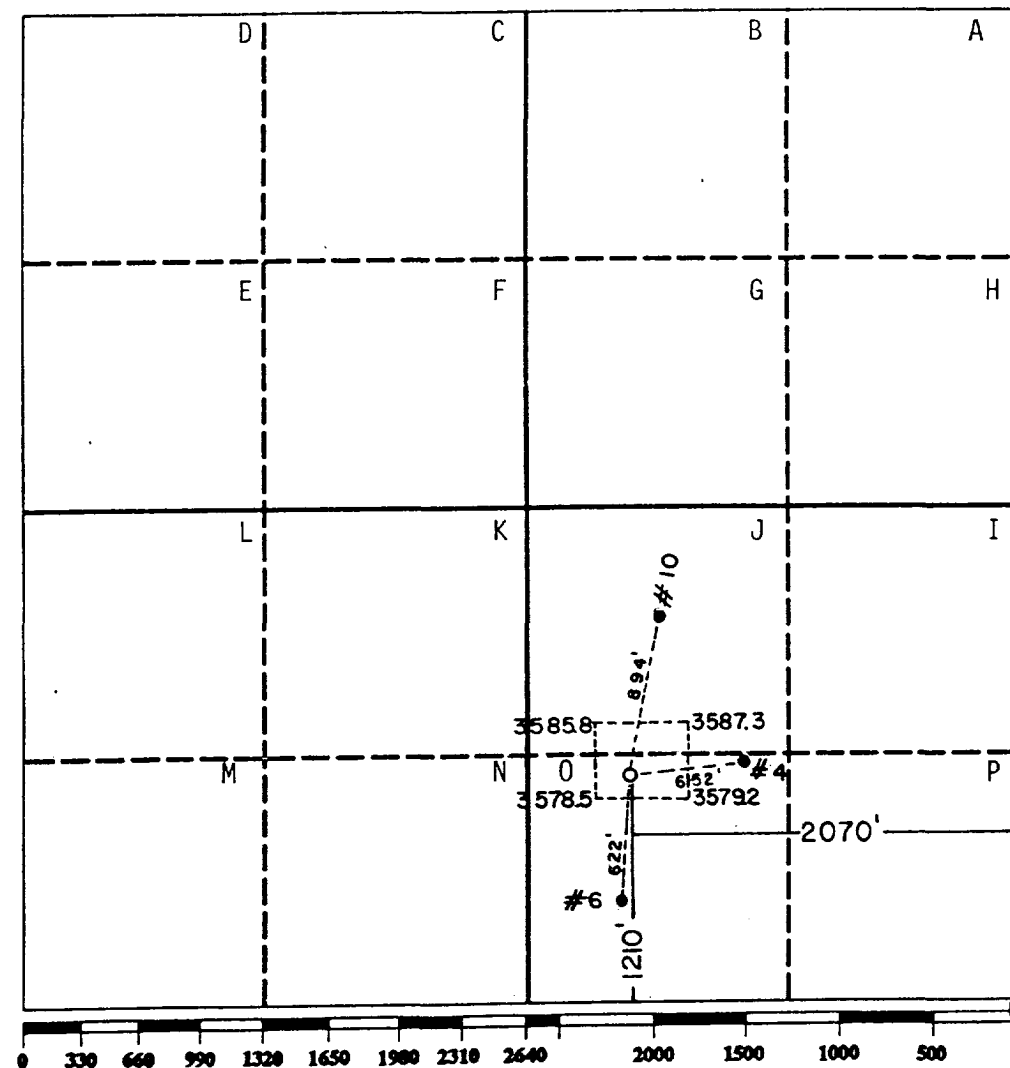
All Distances must be from the outer boundaries of the section

Operator Phillips Petroleum Company			Lease Burch C Federal		Well No. 48
Unit Letter O	Section 23	Township 17 South	Range 29 East	County NMPM	Eddy

Actual Footage Location of Well:

2070 feet from the East line and 1210.0 feet from the South line	Ground level Elev. 3583.5	Producing Formation Grayburg/Jackson/7R/Q/GB/SA	Pool Grayburg/Jackson/7R/Q/GB/SA	Dedicated Acreage: 40 Acres
------------------------------------------------------------------	------------------------------	----------------------------------------------------	-------------------------------------	--------------------------------

- Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?
☐ Yes ☐ No If answer is "yes" type of consolidation _____
If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____
No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Signature
L. M. Sanders
Printed Name
L. M. Sanders
Position
Supervisor,
Regulation & Proration
Company
PHILLIPS PET. CO.
Date
11/6/91

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed
10-25-91

Signature & Seal of
Professional Surveyor

Certificate No. JOHN W. WEST 676
RONALD D. LUSON 3239

W.O. 91-11-0219