| (May 1963)   | UNITED STATES SUBMIT IN TRIPL DEPARTME: OF THE INTERIOR (Other Instructions verse side) |                                | Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO. |
|--|---|--------------------------------|--|
| GEOLOGICAL SURVEY  |   |                                | NM 801   |
| 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.)  OIL |   |                                | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 7. UNIT AGREEMENT NAME                    |
|  |   |                                |  |
| Phillips Petroleum Company   |   |                                | Wyatt-A Federal  |
| 3. ADDRESS OF OPERATOR   |   |                                | 9. WELL NO.  |
| Phillips Bldg., Odessa, Texas 79761  |   |                                | 13   |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)   |   |                                | 10. FIELD AND POOL, OR WILDCAT   |
| At surface   |   |                                | Corbin Queen   |
| Unit E, 1,980' FNL & 660' FWL, Sec 33, T-17-S. Range 33.   |   |                                | 11. SEC., T., R., M., OR BLK. AND<br>SURVEY OR AREA                            |
|  |   |                                | 33-17-33   |
| 14. PERMIT NO.   | 15. ELEVATIONS (Show whether  | DF, RT, GR, etc.)              | 12. COUNTY OF PARISH 13. STATE   |
|  |   |                                | Lea New Mexico   |
| 16. Chec   | ck Appropriate Box To Indicate  | Nature of Notice, Report, or C | Other Data   |
| NOTICE OF INTENTION TO:  |   | JENT REPORT OF:                |  |
|  | PULL OR ALTER CASING  | WATER SHUT-OFF                 | REPAIRING WELL   |
| TEST WATER SHUT-OFF  | MULTIPLE COMPLETE   | FRACTURE TREATMENT             | ALTERING CASING  |
| FRACTURE TREAT   |   | SHOOTING OR ACIDIZING          | ABANDONMENT* X   |
|  | ABANDON*  |                                |  |
| FRACTURE TREAT   | ABANDON* CHANGE PLANS   | (Other)                        |  |
| FRACTURE TREAT SHOOT OR ACIDIZE  |   | (NOTE : Report results         | of multiple completion on Well<br>etion Report and Log form.)                  |

abandonment.

This approval of temporary abandonment expires\_ that the foregoing is true and correct This space for Federal of State office use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY: