

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		3. LEASE DESIGNATION AND SERIAL NO. NM-0467934
2. NAME OF OPERATOR Phillips Petroleum Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 4001 Penbrook Street, Odessa, TX 79762		7. UNIT AGREEMENT NAME Grayburg-Jackson WFU
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit O, 990' FSL & 2310' FEL		8. FARM OR LEASE NAME Tract MB
14. PERMIT NO. 30-015-04362		9. WELL NO. 05
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3615' GL		10. FIELD AND POOL, OR WILDCAT Grb.Jacks SR-Q-Gb-SA
		11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec. 27, 17-S, 30-E
		12. COUNTY OR PARISH Eddy
		13. STATE NM

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 checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	(Other) _____
(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.)

- MI RU DDU. NU BOP. GIH w/2-3/8" workstring and circulate 7" casing with 9.5 ppg mud-laden fluid from PBDT 3040'. Spot Plug No. 1 (162 sx. cement) 2100'-3040'. WOC and tag.
- Perforate and squeeze with Plug No. 2 (75 sx. cement) 1245'-1345'.
- Freepoint 7" casing. Need to pull 735'.
- Spot Plug No. 3 (250 sx. cement) 3'-785'.
- RU and 1" outside the 8-5/8" surface casing with Plug No. 4 (20 sx.cement) 3'-50'.
- Cut off casing 3' below G.L. Install monument marker and perform reclamation work.

APR 13 10 11 AM '93
RECEIVED
CARE AREA

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

SIGNED [Signature]
E. M. Sanders

TITLE Supv. Regulatory Affairs DATE 04-06-93
(915) 368-1488

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE 4/23/93

see attached

*See Instructions on Reverse Side

DEPARTMENT OF THE INTERIOR (verse side)
BUREAU LAND MANAGEMENT

D. LEASE DESIGNATION AND SERIAL NO. *ds1*
NM-0467934

SUNDRY NOTICES AND REPORTS ON WELLS

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OIL WELL GAS WELL OTHER

RECEIVED

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 O, 990' FSL & 2310' FEL

7. UNIT AGREEMENT NAME

Grayburg-Jackson WFU

8. FARM OR LEASE NAME

9. WELL NO. Tract MB

05

10. FIELD AND POOL, OR WILDCAT

Grayburg Jackson SR-Q-Gb-SA

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

Sec. 27, 17-S, 30-E

14. PERMIT NO.

Api no. 30-015-04362

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

3615' GL

12. COUNTY OR PARISH

Eddy

13. STATE

NM

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) Pressure test csg. & TA wellbore.

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.)

1. MI and RU DDU. RIH w/workstring and circulate inhibited brine. Test to 500 psi, and record chart. (CIBP is already set above pay).

2. If well does not test, isolate leak. Engineer will make recommendation of permanently abandoning well.

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

SIGNED

L. M. Sanders
L. M. Sanders

TITLE Supervisor, Reg. Affairs

DATE 1/4/93

915/368-1488

(This space for Federal or State official use)

APPROVED BY

David A. Glass

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side