

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN THIS SCATE-
(Other instructions on re-
verse side) OR re-

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

SUNDRY NOTICES AND REPORTS ON WELLS <small>(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.)</small>		5. LEASE DESIGNATION AND SERIAL NO. LC-028784-93
1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		6. IF INDIAN, ALLOTTEE OR TRIBE NAME 028793 B
2. NAME OF OPERATOR Phillips Petroleum Company		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR 4001 Penbrook Street, Odessa, Texas 79762		8. FARM OR LEASE NAME Burch "BB" Federal
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit E, 1345' FNL, 1260' FWL		9. WELL NO. 16
14. PERMIT NO. API No. 30-015-04393		10. FIELD AND POOL, OR WILDCAT Gb/Jackson SR-Q-Gb-SA
15. ELEVATIONS (Show whether SW, SE, NW, etc.) 3609' GL		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30, 17-N, 30-E
12. COUNTY OR PARISH Eddy,		13. STATE NM

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O. C. D. OFFICE

16. 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"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETS <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Set CIBP & TA'd wellbore</u> <input checked="" type="checkbox"/>	

(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.)

4-9-92 Pull rods & production tubing out of hole. Go in with 7" CIBP on 2-3/8 tbg. Set at 2548'. Circulate hole with pkr fluid, could not break circulation. Come out with 2-3/8" tbg. Go back in with 7" RTTS pkr. Locate hole 12' from surface. Dig out 7" csg. Repair leak by welding in a 12' replacement piece of 7" 20" pipe. Fill in cellar. Go in hole with 2-3/8 to 2515'. Circulate wellbore w/Tretolite KW-132 and fresh water (100 bbl). Press up on casing to 550#. Hold press for 15 min. Ran recorder chart. Pressure test passed. Wellbore T/A. Request temporary abandon for one year.

This Approval of Temporary Abandonment Expires 4/08/97

APPROVED FOR (2 MONTH PERIOD)
DURING 4/8/93

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

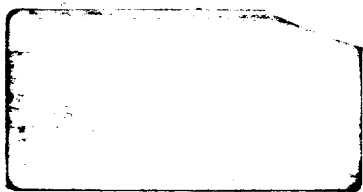
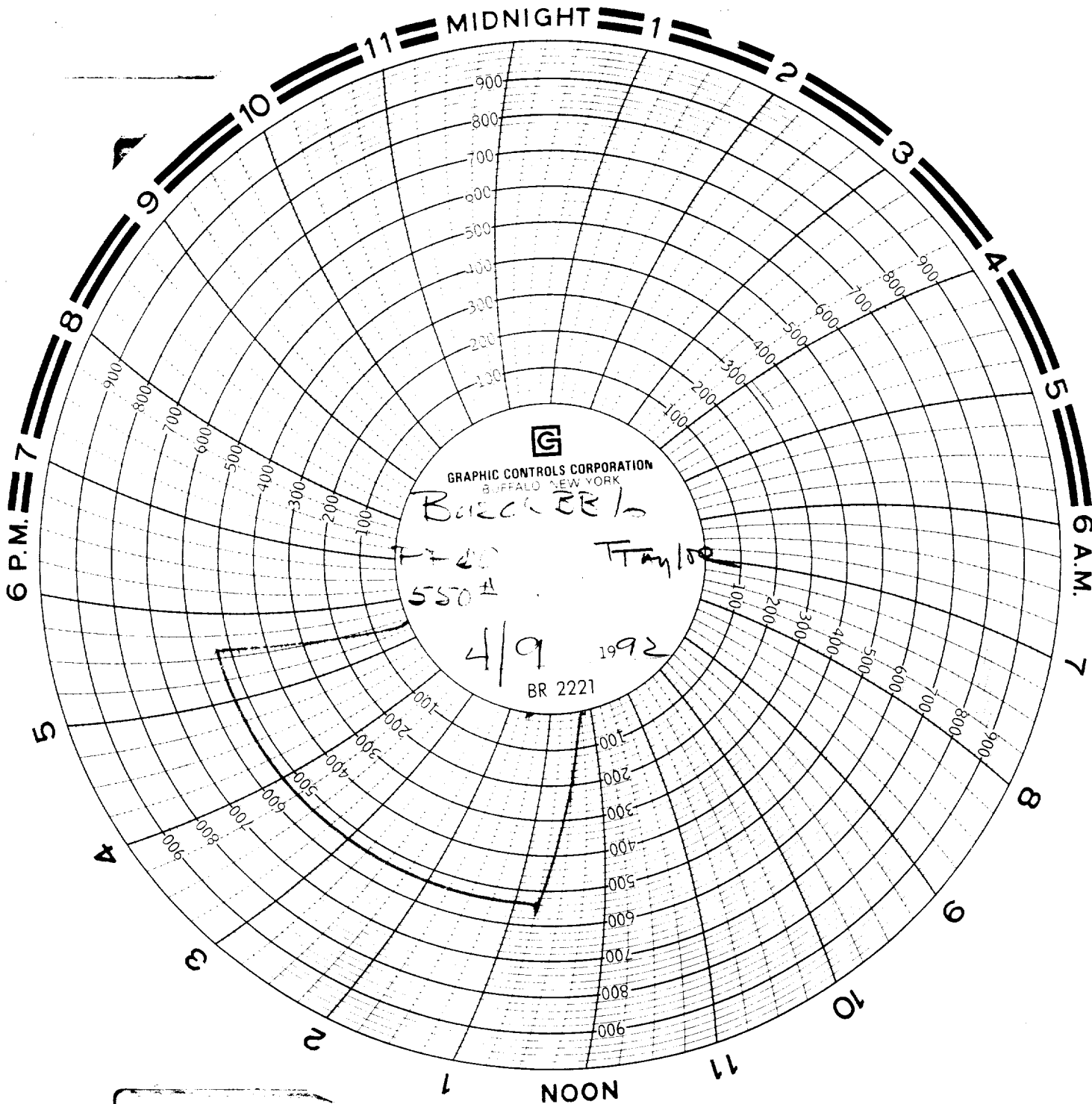
SIGNED <u>L. M. Sanders</u>	TITLE <u>Supv., Reg. & Proration</u>	DATE <u>4-13-92</u>
		9157368-1665

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 5/7/92

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side



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 MAY - 8 1992
 O. C. D.
 METRO OFFICE