

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

4010 approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED

(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 WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		SEP 11 '90
2. NAME OF OPERATOR PHILLIPS PETROLEUM COMPANY		
3. ADDRESS OF OPERATOR 4001 Penbrook, Odessa, Texas 79762		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1570' from South Line and 250' from West Line Section 31, T-17S, R-29E, Eddy County, New Mexico NMPM		
14. PERMIT NO.	15. ELEVATIONS (Show whether OF, RT, GR, etc.)	
	ARTESIA, OFFICE	
5. LEASE DESIGNATION AND SERIAL NO. NM-0555569		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME		8. FARM OR LEASE NAME GREEN-B FED
9. WELL NO. 2		10. FIELD AND POOL, OR WILDCAT Loco Hills Q-G-SA
11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec. 31, T17 R30		12. COUNTY OR PARISH Eddy
		13. STATE New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Change of Operator	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input 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.)

Operation of the subject lease has been transferred to:

Southwest Royalties, Inc.  
407 N. Big Spring, Suite 300  
Midland, TX 79701

Effective date: January 1, 1990

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

SIGNED

M. B. Smith

TITLE Attorney-in-Fact

DATE

8-30-90

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side