

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

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.)

OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR

Phillips Petroleum Company

3. ADDRESS OF OPERATOR

Room 401, 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

Unit E, 1650' FNL, 330' FWL

5. LEASE DESIGNATION AND SERIAL NO.

NM801

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Wyatt Federal #

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Maljamar Gb/SA

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

Sec 33, T-17-S, R-33-E

14. PERMIT NO.

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

4068' RKB

12. COUNTY OR PARISH

Lea

13. STATE

NM

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

BROOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANE

(Other) _____

(Other) _____

Shut In Well

(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.)*

The subject well is uneconomical to operate at current production rates (2 BOPD, 0 BWPD). Well is to be shut in and held for future use.

APPROVED FOR ¹² MONTH PERIOD
ENDING 3/20/86

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

SIGNED W. J. Mueller

TITLE Engineering Supervisor, Reservoir

DATE March 12, 1986

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE 3-20-86

*See Instructions on Reverse Side

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MAR 24 1946
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