·····, · · · · · · · · · · · · · · · ·	UNIT STATES RTMENT OF THE INTERIO REAU OF LAND MANAGEMENT		Form approved. Budget Bureau M Expires August 5. LEAGE DESIGNATION LC-028784-C 6. IF INDIAN, ALLOTTEE	31, 1985		
SUNDRY N (Do not use this form for po Use "APP	OTICES AND REPORTS C roponals to drill or to deepen or plug bu LICATION FOR PERMIT—" for such pro-	DN WELLS ack to a different reservoir. opposais.)	O. IF INDIAN, ALLOTTEE	OR TRIBE MAME		
			7. UNIT AGREEMENT NA	4.8		
OIL GAS WELL OTES						
2. NAME OF OPERATOR	8. FARM OR LEASE NAME					
Phillips Petroleum	Keelv C Fed					
3. ADDERSE OF OPBRATOR			9. WBLL NÖ.			
4001 Penbrook St., Odessa, Texas 79762			2			
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. ⁶ See also space 17 below.)			10. FIELD AND POOL, OF	WILDCAT		
At surface			Gravburg Jack	son SR-O-Gb-SA		
Unit D, 660' FNL & 660' FWL			11. BRC., T., B., M., OB BLK. AND BURVEY OR AREA			
			13, 17-S, 29-E			
14. PERMIT NO.	15. BLEVATIONS (Show whether DF,	RT, GR, etc.)	12. COUNTY OR PARINE	18. STATE		
API No. 30-015-029	72 3637' GL		Eddy	NM		
	: Арргоргіате Box To Indicate N итвитии то:		UNER LODIO			
NOTICE OF I						
TEST WATER SEUT-OFF	PULL OB ALTER CASING	WATER SHUT-OFF	EBPAIRING WELL			
FRACTURE TREAT	MULTIPLE COMPLETE	PRACTURE TREATMENT	ALTERING CA	SING		
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDISING	ABANDONMEN	T*		
REPAIR WELL	CHANGE PLANS	(Other)				
(Other) Set CIBP a	nd TA Wellbore	Completion or Recom	(NOTE : Report results of multiple completion on Well Completion or Recompletion Report and Log form.)			
proposed work. If well is dinent to this work.)*	p operations (Clearly state all pertinent rectionally drilled, give subsurface locat	t details, and give pertinent dates ions and measured and true verti-	i, including estimated dat al depths for all markers	e of starting any and somes perti-		
I. RIA WITH / CIBP	and set at 2343.					
2. NU BOP. PU 2-3/	8" workstring. RIH to	top of cement.				
	tion casing to 500 psig er. (Must be able to ho					

- 10% allowable leakoff.)
- a. If test is successful, POOH laying down workstring. Top off casing with inhibited fluid. ND BOP. Secure wellhead with a ball valve at surface and SI pending recompletion.
- b. If casing fails to pressure test, POOH. PU packer. RIH and isolate holes in casing. Establish rate and pump-in pressure.

8. I hereby certify that the foregoing is true and correct SIGNED M. Sanders	TITLE SUDV., Reg. & Proration	DATH	1/6/92
(This space for Federal or State office use) APPROVED BT CONDITIONS OF APPROVAL, IF ANT:	TITLE	date	1/21/92

*See Instructions on Reverse Side