

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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

5. LEASE DESIGNATION AND SERIAL NO.
LC-028784-C

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 St., Odessa, TX 79762

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

Unit C, 660' FNL & 1980' FWL

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Keely C Fed

9. WELL NO

3

10. FIELD AND POOL, OR WILDCAT

Grayburg Jackson SR-Q-Gb-SA

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

13, 17-S, 29-E

14. PERMIT NO.

API No 30-015-02973

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

3287

ODESSA, OFFICE

12. COUNTY OR PARISH

Eddy

13. STATE

N.M.

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)

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☒

CHANGE PLANS ☐

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other)

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(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.)*

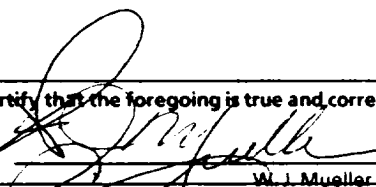
The subject well was shut down August 1, 1987 as uneconomical to operate. The last test taken on 1/83 was 1 BOPD, 0 BWPD and 1 MCFD. The subject well is to be held shut in pending waterflood expansion or evaluation for recompletion/P&A.

APPROVED FOR 12 MONTH PERIOD

ENDING 1/29/89

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

SIGNED


W. J. Mueller

TITLE

Eng. Supervisor, Res.

DATE

November 30, 1987

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

2-1-88

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Keely CFed3