

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Form approved.
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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-0227928 028784-B	
2. NAME OF OPERATOR Phillips Petroleum Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 4001 Penbrook Street, Odessa, Texas 79762		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit K, 1980' FSL & 1980' FWL		8. FARM OR LEASE NAME Burch BB Fed	
14. PERMIT NO. 30-015-03053		9. WELL NO. 5	
15. ELEVATIONS (Show whether DF, RT, OR, etc.) NR		10. FIELD AND POOL, OR WILDCAT Grayburg-Jackson	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 23, 17-S, 29-E	
		12. COUNTY OR PARISH Eddy	
		13. STATE NM	

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 COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input checked="" 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 PROMISED 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.)

9-06-89: 3325' TD. BLM/Carlsbad notified. MI & RU DDU. Pulled rods and pmp. Installed BOP, pulled prod tbg. WIH w/5-1/2" RBP on 2-3/8" tbg set @ 2420'. Loaded 5-1/2" csg w/2% KCl water - leak coming from around 5-1/2" csg. Dug out wellhead & patched visible leak, replaced wellhead.

9-07-89: Pressured 5-1/2" csg to 500# for 15 min, tstd OK. Hooked pump truck to bradenhead valve, pmpd down annulus of 8-5/8" & 7" csg - returns to surface almost immediately - leak approx. 4' from surface in 8-5/8" csg.

9-08-89: Dug out around wellhead to expose leak in 8-5/8" csg. Repaired leak pmpd down bradenhead valve, returns to surface after pumping approx. 6 bbls. Pmpd 100 sx Class "C" Neat cmt w/2% CaCl, Circ. to surface. WOC.

9-11-89: WIH w/2-3/8" tbg, retrieved RBP. Reran production equip.

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

SIGNED L. M. Sanders TITLE Reg. & Pro. Supervisor DATE 10/24/89
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

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