

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

SUBMIT IN TRIP DATE\*  
(Other instructions on reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.  
**LC-028793-A**

**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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

OIL WELL  GAS WELL  OTHER

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR  
**Phillips Petroleum Company** ✓

RECEIVED

8. FARM OR LEASE NAME  
**Burch AA Fed**

3. ADDRESS OF OPERATOR  
**Room 401, 4001 Penbrook St., Odessa, TX 79762**

FEB 02 '88

9. WELL NO.  
**15**

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

O. C. D.  
ARTESIA, OFFICE

10. FIELD AND POOL, OR WILDCAT  
**Grayburg Jackson SR-Q-Gb-SA**

**Unit N, 660' FSL, 1895' FWL**

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
**18, 17-S, 30-E**

14. PERMIT NO.  
API No. 30-015-04190

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
*3040' RL*

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 <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 checked="" type="checkbox"/>  |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         |
| (Other) <input type="checkbox"/>             | <input type="checkbox"/>                      |

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"/>               | <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.)\*

The subject well was shut down August 1, 1987 as uneconomical to operate. The last test taken on 6/30/82 was 2 BOPD, 1 BWPD and 4 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 1/28/89

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

BurchAAFed15