Formerly 9-	083) 0331) DEPART	UPTED STATE	INTERIOR	SUBMIT IN TRIVE CATS (Other instruction on inverse aide)	5. LEASE DESI	Bureau No. 100 August 31, 190 GNATION AND ONE	00 010	
(Do n	SUNDRY NO	AU OF LAND MANA IICES AND REPO Paralle to drill or to deeper CATION FOR PERMIT—	ORTS ON	n a different rekervolr.		8793-A ALLOTTEE OR TRI	BE NAME	
	Use "APPLIC	ATION FOR PERMIT	JAN 9	11 WEDENVES	7. UNIT AGRE	EMBNT NAMB		
OIL WELL, X	WELL OTHER		CARUS	FEB - 4 992	8. FARM OR L	EASE NAME		
Phill	ips Petroleum Co	ompany /	AREA do	O. C. D.	Burch 9. WBLL NO.	AA Fed		
4001 Penbrook St., Odessa, Texas 79762 4. Location or well (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface					10. FIELD AN	25 10. FIELD AND POOL, OR WILDCAT Grayburg Jackson SR-O-Gb-SA		
Unit I, 2615' FSL & 1295' FEL					11. SEC., T., I SURVEY	11. SEC., T., R., M., OR BLE. AND SURVEY OR ARMA 19, 17-S, 30-E		
14. PERMIT N	0.	15. ELEVATIONS (Show	whether DF, RT,	IR, etc.)		OR PARISH 18. 8		
API N	0. 30-015-04209				Eddy		<u> </u>	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data								
NOTICE OF INTENTION TO:					•	OUBNT REPORT OF:		
	TER SHUT-OFF	PULL OR ALTER CASING MULTIPLE COMPLETE		WATER SHUT-OFF FRACTURE TREATMENT		EPAIRING WELL LTEBING CASING		
FRACTUR SHOOT O	E TREAT	ABANDON*		SHOOTING OR ACIDIZING		BANDONMENT*		
REPAIR 3		CHANGE PLANS		(Other)(Norm: Report_res	ults of multiple e	ompletion on We	.[] ii	
propose	Set CIBP and PROPOSED OR COMPLETED Or work. If we'll is direct this work.)*		all pertinent de aurface locations	Completion or Reco talls, and give pertinent da and measured and true ve	mpletion Report a	mated date of a	tarting any	
1. RII	With 7" CIBP a	and set at 2480	τ.					
2. NU	BOP. PU 2-3/8	" workstring.	RIH to to	of cement.				
3. Pressure production casing to 500 psig and run casing integrity test using a pressure recorder. (Must be able to hold this pressure for 15 minutes with a 10% allowable leakoff.)								
a.	If test is suinhibited flu pending recom	id. Secure wel	laying do Llhead wit	wn workstring. ' h a ball valve a	Top off cas t surface a	sing with and SI		
b. If casing fails to pressure test, POOH. PU packer. RIH and isolate holes in casing. Establish rate and pump-in pressure.								
					\$ 1			
18. I bereby	certify that the foregoin	g is true and correct		~				
SIGNED	XM Sons		ritle Supv.	, Reg. & Prorati	on par	1/2/92		
(This sp	nace for Federal or State	. M. Sanders office use)				122 /	~~~	
APPRO	VED BY		TITLE		DAT	1/51/9	12	
CONDIT	TIONS OF APPROVAL, I	F ANY:						