			EROCETO O SUBMITINTARIO E*	Budget Bureau No. 1004-0135 JCF Expires August 31, 1985	
orm 3160-5 lovember 1983) formerly 9-331)	DEPARTMENT OF THE INTERIOR (Other Instructions on re-		5. LEASE DESIGNATION AND SERIAL NO. NM-0558581		
	BUREAU OF LAND MANAGEMENT				
SUN (Do not use thi	IDDY NOT	ICES AND REPORTS O sals to drill or to deepen or plug back to ATION FOR PERMIT -" for such propose	N WELLS to a different reservoir. sals.)	6. IF INDIAN, ALLOTTEE OR TRIB	E NAME
		A HON FOR PERMIT		7. UNIT AGREEMENT NAME	
OIL GAS OTHER				8. FARM OR LEASE NAME	
2. NAME OF OPERATOR				McIntyre G Fed	
Phillips Petroleum Company V				9. WELL NO.	
3. ADDRESS OF OPERATOR		70762	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	
4001 Penbrook	Street,	Odessa, Texas 79762 rly and in accordance with any State	requirements." MAR 16 '89	10. FIELD AND POOL, OR WILD	CAT
4. LOCATION OF WELL (Rep See also space 17 b	port location clea elow.)	Grayburg Jackson SR-Q-Gb/SA			
At surface				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 21, T-17-S, R-30-E	
Unit B, 330' FNL and 2310' FEL O. C. D. ARTESIA, OFFICE					
				12. COUNTY OR PARISH	13. STATE
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR.	etc)	Eddy	NM
API No. 30-0	15-04243	1			<u> </u>
16.	Che	ck Appropriate Box To Indicate	e Nature of Notice, Report, or	SUBSEQUENT REPORT OF:	
	NOTICE OF INT	ENTION TO:	1 -		П
TEST WATER SHI	UT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL ALTERING CASIN	_
FRACTURE TREA		MULTIPLE COMPLETE	FRACTURE TREATMENT	ABANDONMENT	
SHOOT OR ACID		ABANDON*	SHOOTING OR ACIDIZING		
REPAIR WELL CHANGE PLANS (Other) (NOTE: Report results of m (Note: Report results of m Completion or Recompletic				ultiple completion on Well	
		91101 0000 —	Completion or Recompletion	n Report and Log form.)	
17. DESCRIBE PROPOSED proposed work nent to this wo	. It Mail is an erri	TED OPERATIONS (Clearly state all pe onally drilled, give subsurface locatio	rtinent details, and give pertinent da ns and measured and true vertical de	tes, including estimated dai pths for all markers and zor	les perti-
Recommende	d procedur	e to test casing per BI	M request:		
MI & RU DD	U. POOH wi	th rods and lay down.	Install and test BOP.	POOH with tubing	J •
2476'. Lo pressure f	ad tubing- for a perio	er for 7" 24# casing or casing annulus with 2% d of 15 minutes monito	ring pressure with a ch	nart recorder.	n
POOH with	packer, ir	stall wellhead. RD and	d MO DDU. Leave well	shut in.	

18. I hereby certify that the foregoing is true and correct March 8, 1989 Regulation & Proration DATE TITLE SIGNED Supervisor (This space for Federal or State office use) DATE APPROVED BY TITLE

operated.

BOP EQUIP: Series 900, 3000# WP w/one set pipe rams, one set of blind rams, manually

*See Instructions on Reverse Side

CONDITIONS OF APPROVAL, IF ANY: