Form 3160-5 (November 1983)

Expires August 31, 1985

operated.

March 8, 1989

DATE

ormony 9-331)	DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT		S. LEASE DESIGNATION AND SERVAL NO. LC-029090E		ierial no.
	NOTICES AND R r proposals to drill or to deep APPLICATION FOR PERMIT			6. # INDIAN, ALLOTTEE OR TR	WE NAME
Ot 6A5	C//			7. UNIT AGREEMENT NAME	
METT & METT	OTHER		Att. nr		
2. NAME OF OPERATOR			,	8. FARM OR LEASE NAME	
Phillips Petroleum	Company			Parke E	
3. ADDRESS OF OPERATOR			CECEIVED	9. WELL NO.	
4001 Penbrook Stree				1 2 V	1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements space 17 below) At surface			uirements.* MAR 16 '89	Grayburg Jackson SR=Q=Gb/S	
Unit H, 2310' FNL & 330' FEL			O. C. D.	11. SEC, T., R., M., OR BLK. AND SURVEY OR AREA 22, T-17-S, R-30-E	
14. PERMIT NO.	15. ELEVATIONS (Show	whether DF, RT, GR, etc.)	ARTESIA, OFFICE	12. COUNTY OR PARISH	13. STATE
API No. 30-015-0425	58 3670' GR.	3680' RKB		Eddy	NM
16.			iture of Notice, Report, or (1
NOTIC	E OF INTENTION TO:	/ TO ITIGICATE IN		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE	PULL OR ALTER CASIN MULTIPLE COMPLETE ABANDON®		WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING	REPAIRING WELL ALTERING CASIN ABANDONMENT	٠ 📋
REPAIR WELL	CHANGE PLANS	ā	(Other)		ñ
(Other) Casing in	tegrity test	3	(NOTE: Report results of mul Completion or Recompletion		
nent to this work.)*	irectionany drined, give sub	surface locations an	nt details, and give pertinent date dependent date dependent depen	ths for all markers and zon	te of starting any es perti-
•	tall and test BO	•	ru meri ber pru tedu	est:	
PU and RIH with	packer for 5-1/2"	15.5# casin	g on workstring. Se	t packer at +687	0'.
Load tubing-casi	- ng annulus with 29	% KCL and or	essure up to 500 psi ure with a chart rec	. Hold pressure	
POOH with packer	. RD & MO DDU. Le	eave well sh	ut in.		
BLM technician m integrity test.	ust be notified a	t least 24 h	ours in advance to w	itness casing	
BOP EOUTP: Seri	es 900. 3000# WP (double w/one	set pipe rams, one	set blind rams.	manually

CONDITIONS OF APPROVAL, IF ANY:

TITLE

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

APPROVED BY CHALL, ALALLIE & ALGOURGES

(This space for Federal or State office use)

SIGNED

Supervisor

Regulation & Proration