Form Approved. Budget Bureau No. 42-R1424

UNITED STATES

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	DEPARTMENT OF THE INTERIOR AUG 03 P	LC 060528
	GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
•	SUNDRY NOTICES AND REPORTS ON WELLSOFF	<u> </u>
	reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
	1. oil gas other	Maddren B FED
		9. WELL NO. 10
to Cone	2. NAME OF OPERATOR PHILLIPS OIL COMPANY, successoral American Oil Company of Texas by merger agree	1=
	3. ADDRESS OF OPERATOR	Grayburg-Jackson (Q-G-SA)
3 0 03	Room 401, 4001 Penbrook St., Odessa, Texas 79762	11. SEC., T., R., M., OR BLK. AND SURVEY OR
-	4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	AREA
	AT SURFACE: Unit E, 2310' FN & 330' FW lines	12. COUNTY OR PARISH 13. STATE
	AT TOP PROD. INTERVAL:	Eddy New Mexico
	AT TOTAL DEPTH:	14. API NO.
	16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
	REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
	REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	3651' EL
	FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) Change operator, lease name, and record cur	(NOTE: Report results of multiple completion or zone change on Form 9-330.) rent well status
1	17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertinent	irectionally drilled, give subsurface locations and
	Well is shut in and temporarily abandoned. Ex	tension of TA status requested.
Note	e: Filed to record well status and operator/lease from General Operating Company by General Amer 3-29-74; PHILLIPS OIL COMPANY is successor to of Texas by merger agreement effective 3-8-83.	cican Oil Company of Texas on General American Oil Company
	Subsurface Safety Valve: Manu. and Type	Set @ Ft.
	18. I hereby dentify that the foregoing is true and correct	
	SIGNED TITLE Senior Enginee	ering DATE August 2, 1983
	W. Mueller Specialist	on usa)
	(This space for Federal or State offi	ce use/

__ DATE _____