rm 3160-5

Budget Bureau No. 1004-0135

January (202)	UI ED STATES			SUBMIT IN TRIPL .E"	S. LEASE DESIGNATION AND SERIAL NO. NM-0467934	
November 1983) - ormerly 9-331)	DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT		(Other Instructions on reverse side)			
SUN (Do not use thi	DRY NO s form for prop Use "APPL	6. IF INDIAN, ALLOTTEE OR TRIBE NAME				
	ias Vell	OTHER L	Jnit Lease ∦	91-008723	7. UNIT AGREEMENT NAME Grayburg-Jackso	n WFU
2. NAME OF OPERATOR			····		8. FARM OR LEASE NAME	
Phillips Pet	roleum Cor	mpany √			GRBG- JACK. W.	FU TRM
3. ADDRESS OF OPERATOR ROOM 401, 40)1 Penbro	9. WELL NO Tract MB.				
4. LOCATION OF WELL (Rep See also space 17 be At surface	low.)	19. FIELD AND POOL, OR WILDCAT Grayburg Jackson SR-Q-Gb-SA				
Unit K, 2310	FWL FSL & 11	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 27, 17-S, 30-E				
14. PERMIT NO. API No. 30-015-0436	1	15. ELEVATIONS (Show w	hethe OF RT, GR, etc.)		12. COUNTY OR PARISH Eddy	13. STATE N.M.
16.	Che	ck Appropriate Box	To Indicate Na	ture of Notice, Report, or (Other Data	7
	NOTICE OF IN	TENTION TO:			SUBSEQUENT REPORT OF:	
TEST WATER SHUT FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL		PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS		WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other)	REPAIRING WELL ALTERING CASING ABANDONMENT	• <u> </u>
(Other)	(Other) (NOTE: Report results of				nultiple completion on Well on Report and Log form.)	
proposed work. I nent to this work The subject taken on 6/30/	fwell is directi)* well was 82 was 0.	onally drilled, give subsu Shut down Augus	urface locations an st 1, 1987 a and 0 MCFD	nt details, and give pertinent dated measured and true vertical departs uneconomical to op. The subject well	es, including estimated dat oths for all markers and zone perate. The last	es perti- test

		APPROVED FOR 12 MONTH PERIOD				
		ENDING	1/28/89			
18. I hereby certify that the foregoing is tru	re and correct	Eng. Supervisor, Res.	DATE	November 30, 1987		
(This space for Federal or State office us APPROVED BY CONDITIONS OF APPROVAL, IF ANY:			DATE	3-1.88		

*See Instructions on Reverse Side

Gray-Jack WFU04