

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN 1 LOCATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-0467934

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for each proposal.)

1. OIL WELL ☐ GAS WELL ☐ OTHER ☐	RECEIVED JAN 14 1993 O. C. D.	7. UNIT AGREEMENT NAME Grayburg Jackson WFU
2. NAME OF OPERATOR Phillips Petroleum Company		8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR 4001 Penbrook St., Odessa, Texas 79762		9. WELL NO. Tract AD 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit F, 1980' FNL & 1980' FWL		10. FIELD AND POOL, OR WILDCAT Grb.Jacks.SR-Q-Gb-SA
		11. SEC., T., R., N., OR BLK. AND SURVEY OR AREA Sec.27, 17-S, 30-E
14. PERMIT NO. API No. 30-015-04365	15. ELEVATIONS (Show whether SF, RT, CR, etc.) 3628' GL	12. COUNTY OR PARISH Eddy
		13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐
REPAIR WELL ☐	CHANGE PLANS ☐
(Other) Test well to determine reactivate potential	X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
(Other) ☐	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

1. MI & RU DDU. Bleed down any pressure on csg/tbg. Install Class 2 BOP. Insure csg/tbg static. COOH w/tubing (if applicable).
2. RIH w/packer on 2-3/8" J-55 workstring. Set packer approx 50' above perfs or openhold interval. Attempt to load backside. (Note: If backside will not load, isolate leak). Notify BLM to witness test.
3. Pump 500 gallons 15% NEFe HCL, and flush to bottom perforation with produced fluid. Do not exceed 2000 psi.
4. Swab back load.
5. Put well on test pump for 1 week. (Pump to frac tank.) If economical, well will be reactivated. If non productive will recommend to permanently abandon well.

RECEIVED
Dec 31 10 35 AM '92
CARLOS A. SANDERS
AREA HEDGECOCK

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

SIGNED

L.M. Sanders

TITLE Supv., Reg. Affairs

DATE 12/30/92

9157368-1488

(This space for Federal or State, other use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

1/12/93

*See Instructions on Reverse Side