	_	ME OIL	CONS. COMPESSIO	_		\	
Form 3160-5 November 1983) Formerly 9-331) DEPA	NITED STATES	Drawer Artesia NTERIOR	DD SUBMIT IN That I ICA (OME: 19821 Hous on verse side)	Budg Expir	'es August 3'	0. 1004-013! 1, 1985	
BU	REAU OF LAND MANAG	EMENT	•	LC-05		ID BREIAL NO.	
(Do not use this form for p	OTICES AND REPO	ORTS ON or plug back to or such proposes	WELLS o a different reservoir.			DE TRIBE NAME	
1. OIL TO GAS		ACE	EIVÊÛ	7. UMIT AGE	EMBET HAME	<u> </u>	
WELL X WELL OTHER				Grayb	Grayburg Jackson WFU		
Phillips Petroleum	Company	AFR	6 (133)	S. FARM OR	LEASE NAME!	Tract MA	
3. ADDRESS OF OPERATOR		- 3 ,	60.	9. WHILL MO			
4001 Penbrook Street, Odessa, TX 79762					Well #1		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface					10. FIELD AND FOOL, OR WILDCAT Grb. Jacks-SR-Q-Gb-SA		
Unit D, 990' FSL & 330' FEL					11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA		
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)					Sec.28, 17-S, 30-E		
30-015-04376	3628'GL	hether DF, NT, G	l, etc.)		OR PARISH 1		
16.				Eddy	N	IM 	
Check	.Appropriate Box To Indi	icate Nature	of Notice, Report, o	or Other Data			
NOTICE OF I	NTENTION TO:	_	803	SEQUENT REPORT (m:		
TEST WATER SHUT-OFF	PULL OR ALTER CASING		WATER SHUT-OFF		EPAIRING WEL	ı 🗍	
PRACTURE TREAT	MULTIPLE COMPLETE	_	FRACTURE TREATMENT		LTERING CASIN	19	
REPAIR WELL	ABANDON®	-	SHOOTING OR ACIDIZING		BANDONMBRT*		
(Other)		-	(Other) (Norm: Report res	ults of multiple e	mpietion on		
17. DESCRIBE PROPOSED OR COMPLETED proposed work. If well is dir nent to this work.)	OPERATIONS (Clearly state all	pertinent detail	Completion of Reco	mbierion Report a	nd Log form.)		
1. MIRU DDU. NU BO tubing. Circula 3000'. 2. Spot Plug No. 1 3. Perforate and sq 4. Freepoint 5-3/16 5. Spot Plug No. 3 6. RU and 1" outsid 3'-50'. 7. Cut off casing 3 work.	ueeze with Plug " casing. Need t (175 sx. cement) e of 8-5/8" surf	g with 9 2200-300 No. 2 (6 0 pull 5 3'-646' ace pipe	9.5 ppg mud-la 00'. Tag. 50 sx. cement) 596'. e with Plug No	1250-135	from P. 0'. x. cemen	BTD nt)	
8. I hereby certify that the foregoing SIGNED L. M. (This space for Federal or State of APPROVED BY ORIG. SGD.)	Sanders TITLE		egulatory Aff	DATE (9	03-15-9	93 3-1488	
SEE ATTACHE	ANT:		y general se	DATE_	FIT I ALU		