

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on re-
verse side) 8881

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

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 such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		3. LEASE DESIGNATION AND SERIAL NO. LC-028793-C	
2. NAME OF OPERATOR Phillips Petroleum Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 4001 Penbrook Street, Odessa, Texas 79762		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit L, 1946' FSL & 662' FWL		8. FARM OR LEASE NAME Burch C Fed	
14. PERMIT NO. API No. 30-015-04387		9. WELL NO. 39	
15. ELEVATIONS (Show whether DF, FT, GR, etc.) 3599' GR		10. FIELD AND POOL, OR WILDCAT Grayburg-Jackson-SR-Q-Gb/SA	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 30, 17-S, 30-E		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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) Commencement of Plugback <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(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.)

2-04-87: 7953' PTD. MI & RU WSU. Cleaned out cellar, cut off casing stub, installed 8-5/8" Huber head & BOP.

2-05 thru

2-08-87: Drld out to 7012'. Spotted 60 sx of Class "C" cmt at 6964'-6800', 6211'-6050' and 3769'-3600'. Circ 20 sx of cmt to surface. Ran 87 jts of 5-1/2" 17#, K-55 ST&C casing, set at 3611'. Cmt'd with 300 sx TLW, 10#/sx salt, 10% Diacel D, followed with 600 sx Class "C", 2% CaCl₂. Displaced with 23 bbls 10% Acetic acid, 50 bbls 2% KCL FW. Circ 51 sx cmt. WOC 40 hrs.

2-09-87: Ran GR-CCL from PBTD 3566' to surface. Perf'd 5-1/2" casing w/4" OD casing gun 2662'-3425' (total of 94' - 188 holes).

2-10 &

2-11-87: Acidized perfs 3048'-3425' with 3200 gals 15% NEFE HCL acid. Swbd 9 hrs, 40 BW.

2-12-87: Swb'g to recover load water.

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

SIGNED W. J. Mueller TITLE Engr. Supvr. Reserv. DATE 2-13-87

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD

FEB 17 1987

CARLSBAD, NEW MEXICO

*See Instructions on Reverse Side