

N. M. OIL CONS. COMMISSION  
UNITED STATES P. O. BOX 1980  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Form approved.  
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 each proposal.)

|                                                                                                                                                                         |                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>                                                        | 5. LEASE DESIGNATION AND SERIAL NO.<br>LC-060529                        |
| 2. NAME OF OPERATOR<br>Phillips Petroleum Company                                                                                                                       | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                    |
| 3. ADDRESS OF OPERATOR<br>4001 Penbrook Street, Odessa, TX 79762                                                                                                        | 7. UNIT AGREEMENT NAME                                                  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface<br>Unit G, 2310' FNL & 1650' FEL | 8. FARM OR LEASE NAME<br>Beeson F <sup>n</sup> Fed                      |
| 14. PERMIT NO.<br>API-30-015-04399                                                                                                                                      | 9. WELL NO.<br>5                                                        |
| 15. ELEVATIONS (Show whether SP, RT, GR, etc.)<br>3568' GL                                                                                                              | 10. FIELD AND POOL, OR WILDCAT<br>Loco Hills Q-GB-SA                    |
|                                                                                                                                                                         | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 31, 17-S, 30-E |
|                                                                                                                                                                         | 12. COUNTY OR PARISH<br>Eddy                                            |
|                                                                                                                                                                         | 13. STATE<br>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"/>            | WATER SHUT-OFF        | <input type="checkbox"/> |
| FRACUTURE TREAT           | <input type="checkbox"/>            | FRACUTURE TREATMENT   | <input type="checkbox"/> |
| SHOOT OR ACIDIZE          | <input type="checkbox"/>            | SHOOTING OR ACIDIZING | <input type="checkbox"/> |
| REPAIR WELL               | <input type="checkbox"/>            | (Other)               | <input type="checkbox"/> |
| PCLL OR ALTER CASING      | <input type="checkbox"/>            | REPAIRING WELL        | <input type="checkbox"/> |
| MULTIPLE COMPLETE         | <input type="checkbox"/>            | ALTERING CASING       | <input type="checkbox"/> |
| ABANDON*                  | <input type="checkbox"/>            | ABANDONMENT*          | <input type="checkbox"/> |
| CHANGE PLANS              | <input type="checkbox"/>            |                       |                          |
| (Other) Temporary Abandon | <input checked="" type="checkbox"/> |                       |                          |

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 and RU DDU. COOH w/rods. Install BOP. COOH w/tubing.
2. RIH w/5-1/2" CIBP on tubing. Set CIBP no more than 100' above top perforation (Top Perf - 2829'). Dump 5 sx (minimum 35') cement on top of bridge-plug. SI overnight.
3. RIH w/workstring. Fill casing with inhibited brine, and test to 500 psi. Record pressure chart. COOH.

RECEIVED  
MAY 21 11 22 AM '93  
OIL  
AREA

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

SIGNED L. M. Sanders TITLE Supv, Regulatory Affairs DATE 05-24-93  
(This space for Federal or State office use)

APPROVED BY David A. Glass TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

SEE ATTACHED

\*See Instructions on Reverse Side

**RECEIVED**

JUN 24 1993

WINTER

1993