~	Form approved. C\S Budget Bureau No. 1004-0135
Form 3160-5 November 1983) Formerly 9-331) DEPARTNIT OF THE INTERIOR verse edde	
BUREAU OF LAND MANAGEMENT	NM-0467934
SUNDRY NOTICES AND REPORTS ON WELLS	6. W INDIAN, ALLOTTES OR TRIBS NAME
(Do not use this form for proposals to drill or to deepen or plug back to a different Use "APPLICATION FOR PERMIT—" for such proposals.)	recervals.
	7. UNIT AGEBRANT NAME
1. OIL C	
WELL WELL OTHER 2. HAMB OF OFERATOR	8. FARM OR LEASE WAME Tr. MB
Phillips Petroleum Company	Grayburg-Jackson WFU
3. ADDRESS OF OPERATOR	S. WELL HO.
4001 Penbrook St., Odessa, Texas 79762	12
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirement	100 I
See also space 17 below.) At surface At Surface	Gb/Jackson SR-Q-Gb-SA
Unit L. 1815' FSL & 1295' FWL STO 2 2	ACRYDY OR AREA
Unit L, 1815' FSL & 1295' FWL Store 22	Sec. 27, 17-S, 30-E
14. PERMIT NO. 15. BLEVATIONS (Show whether DF, RT, CE, etc.). C.	D. 12. COUNTY OR PARISH 18. STATE
API No. 30-015-20256 3624' GL	OFFICE Eddy NM
14. Check Appropriate Box To Indicate Nature of Notice	a Report or Other Data
·	AUDADQUENT REPORT OF:
NOTICE OF INTENTION TO:	
TEST WATER SHOT-OFF PULL OR ALTER CASING WATER SH	
	OF TCIDITIME THEFING CYPING
	Acidize, press tst & swab X
(Nor	rs: Report results of multiple completion on Well pletion or Recompletion Report and Log form.)
Charles and all partiages datable and six	to portional dates including astimated date of starting any
proposed work. If well is directionally drilled, give subsurface leastlone and measure near to this work.)*	ed and true vertical depths for all markers and sones perti-
	acid
4-21-92: MI & RU. Pump 500 gal Pentol 200 (15%) 4-22-92: Swab.	aciu.
4-23-92: Swab. 4-23-92: Release pkr. GIH with RBP & pkr. Set	RBP at 3080'. Test casing to
500# .	
4-27-92: RU & run rod & pump string. Ran 2-1/2	X 2 X 12. Insert pump.
5-1-92: Put well pumping to test tank. 7-1-92: Test 24 hrs Bbls of water - 2; Gravity of oil - 37; Bbls of oil - 3;	
7-1-92: Test 24 hrs Bbls of water - 2; Gravity	of off = 37, bbis of off = 3,
Gas-MCF33; GOR - 127; complete drop from report.	
A Company of the Comp	
	2 1 1920
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18. I hereby certify that the sorggoing is true and correct	
	gulatory Affairs
I. M. Sanders	
(This space for Federal or State office use)	
APPROVED BY	DATE