Form 3160-5 (November 1983)

ED STATES

SUBMIT IN TRIPL

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

Formerly 9-331)		RTMENT OF THE IN	-	(Other Instructions on re- verse side)	5. LEASE DESIGNATION AND SERIAL NO. LC-028793-C	
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.)					6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
OIL GAS WELL X WEL				IMN 25 200	7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Phillips Petroleum Company				0.00	8. FARM OR LEASE NAME Burch C Fed	
Room 401, 4001 Penbrook St., Odessa, TX 79762 ARTESIA, OFFICE					9. WELL NO. 20	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface					10. FIELD AND POOL, OR WILDCAT Grayburg Jackson SR-Q-Gb-SA	
Unit G, 1980' FNL & 1980' FEL					11. SEC, T., R., M., OR BLK. AND SURVEY OR AREA 18, 17-S, 30-E	
14. PERMIT NO. API No. 30-015-20563		15. ELEVATIONS (Show whether C			12. COUNTY OR PARISH Eddy	13. STATE N.M.
Check Appropriate Box To Indicate Nature of Notice, Report, or C					ther Data SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL		PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS		WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other)	REPAIRING WELL ALTERING CASING ABANDONMENT	=
(Other)]		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	
17. DESCRIBE PROPOSED O proposed work. If we nent to this work.)*	R COMPLETE ell is direction	D OPERATIONS (Clearly stated in the state of	e all pertinent locations and r	details, and give pertinent date: neasured and true vertical depti	s, including estimated dat hs for all markers and zone	e of starting any es perti-
taken on 6/30/82	was 1 B	hut down August 1 DPD, 4 BWPD and 5 evaluation for rec	MCFD. Th	uneconomical to ope ne subject well is to n/P&A.	erate. The last o be held shut i	test n pending
			e i Si	1/20/89	ERIOD	
				1/21/89	en i	

18. I hereby certify that the foregoing is true and correct SIGNED Eng. Supervisor, Res. November 30, 1987 TITLE DATE (This space for Eederal or State office use) 1-21-88 **APPROVED BY** TITLE **CONDITIONS OF APPROVAL, IF ANY:**

*See Instructions on Reverse Side

BurchCFed20