Form 3160-5 (November 1983) (Formerly 9-331)

TEST WATER SHUT-OFF

FRACTURE TREAT

REPAIR WELL

(Other)

SHOOT OR ACIDIZE

PULL OR ALTER CASING

X

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MULTIPLE COMPLETE

ARANDON*

CHANGE PLANS

SUBMIT IN TRIPL (Other Instructions on re-

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

S. LEASE DESIGNATION AND SERIAL NO.

ALTERING CASING

ABANDONMENT'

-	IREAU OF LAND MANAGEMENT	verse side)	LC-028793-C		
SUNDRY NO (Do not use this form for pro- Use "AP	6. IF INDIAN, ALLOTTEE OR TRIBE NAME				
OIL GAS WELL X WELL []	ОТНЕЯ	JAN 25 '88	7. UNIT AGREEMENT NAME		
. NAME OF OPERATOR Phillips Petroleum C	a. FARM OR LEASE NAME Burch C Fed				
Room 401, 4001 Penbr	9. WELL NO. 22				
LOCATION OF WELL (Report location of See also space 17 below.) At surface	18. FIELD AND POOL, OR WILDCAT Grayburg Jackson SR-Q-Gb-SA				
Unit I, 1980' FSL &	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 18, 17-5, 30-E				
4. PERMIT NO. API No. 30-015-20571	15. ELEVATIONS (Show whether DF, RT, GR, etc. 3647 GC		12. COUNTY OR PARISH Eddy	13. STATE N.M.	
C	neck Appropriate Box To Indicate N	lature of Notice, Report, or	Other Data		
NOTICE OF	SUBSEQUENT REPORT OF:				
TEST WATER SHUT-DEE	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WEI	т 🗆	

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.)*

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

INOTE: Report results of multiple completion on Well

The subject well was shut down August 1, 1987 as uneconomical to operate. The last test taken on 6/30/82 was 1 BOPD, 7 BWPD and 14 MCFD. The subject well is to be held shut in pending waterflood expansion or evaluation for recompletion/P&A.

> COLUMN TO THE STATE OF THE PARTY OF THE PART 1/20/89

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

*See Instructions on Reverse Side

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