| Form 3160-5<br>November 1983)<br>Formerly 9-331)            |                     | UITED ST<br>MENT OF T<br>AU OF LAND | THE INTER              | RIOR Teres         | (IT IN TRI. LICAT<br>r instructions on<br>side)      | 5. LI            | Form approved. Budget Bureau Expires August FASE DESIGNATION -028784-93- | 31, 1985<br>AND SERIAL NO. |  |
|---|---------------------|-------------------------------------|------------------------|--------------------|--|------------------|--|----------------------------|--|
| SUN<br>(Do not use this                                     | IDRY NO             | TICES AND                           | REPORTS                | ON WEI             | LS<br>Great recervoir.                               |                  | HIDIAN, ALLOTTE  |                            |  |
| 1. OIL S GAS OTHER 2. HAMB OF OFERATOR                      |                     |                                     |                        | FEB 2 0 1992       |  |                  | 7. UNIT AGREEMENT NAME   |                            |  |
| Phillips Pet  |                     | ompany /                            |                        | _                  | . C. D.  | Bu               | rch "BB"   |                            |  |
| 4001 Penbrook Street, Odessa, Texas 79762                   |                     |                                     |                        |                    |  |                  | 26   |                            |  |
| 4. LOCATION OF WELL (<br>See also space 17 be<br>At surface | cordance with an    | nce with any State requirements.*   |                        |                    | 10. PIELS AND POOL, OR WILDCAT Gb/Jackson SR-Q-Gb-SA |                  |  |                            |  |
| Unit D, 660'  |                     |                                     |                        |                    | Sec. 18, 17-S, 30-E                                  |                  |  |                            |  |
| 14. PERMIT NO.  | 15 20622            |                                     | Show whether           |                    | ······································               |                  | COUNTY OR PARISH   | 18. STATE<br>NM            |  |
| API No. 30-0  | 15-20622            | 3654 KF                             | KB, 3644'              |                    |  | EC               | luy  | IVII                       |  |
| 16.   | Check. A            | oppropriate Box                     | x To Indicate          | Nature of h        | Notice, Report, a                                    |                  |  |                            |  |
|   | NOTICE OF INT       | : OT KOITKI                         |                        |                    | 8036   | ERGORNE F        | BPORT OF:  | F                          |  |
| TEST WATER SEUT-  | >57                 | PULL OR ALTER C                     |                        |                    | BR SHUT-OFF  | $\vdash$         | REPAIRING V  |                            |  |
| PRACTURE TREAT  |                     | MULTIPLE COMPI.                     | ETE                    |                    | TURE TREATMENT                                       |                  | ABANDONME:   |                            |  |
| REPAIR WELL   |                     | CHANGE PLANS                        |                        | (01)               | _  |                  |  |                            |  |
| Cot CIPD and The Wollborn V (Note: Report results           |                     |                                     |                        |                    |  |                  | of multiple completion on Wall<br>etion Report and Log form.)            |                            |  |
| 17. SESCRIBE PROPOSES C<br>proposed work.                   | COMPLETED OF        | PERATIONS (Clearly                  | y state all pertine    | ent details, as    |  |                  |  |                            |  |
| nent to this work.)   | •                   |                                     |                        |                    |  |                  |  |                            |  |
| MIRU DDu. Bl<br>with 3-7/8" b<br>2490'. POOH.               | eed off<br>it, casi | pressure a<br>ng scrape             | as necess<br>r (4-1/2" | ary. N<br>9.5# c   | U BOP. PU<br>asing) and                              | 2-3/8<br>2-3/8   | 3" workstr<br>3" workstr   | ing. TIH<br>ing to         |  |
| RIH with 4-1/   |                     |                                     |                        |                    |  |                  |  |                            |  |
| Circulate and   | load ho             | le with 36                          | 6 bbls in              | hibited            | fluid (fro   | esh wa           | ater).   |                            |  |
| Close BOP. P<br>test using a<br>minutes with                | pressure            | recorder                            | . (Must                | to 500<br>be able  | psig and r<br>to hold t                              | un a d<br>his pı | casing int<br>ressure fo   | egrity<br>r 15             |  |
| If test is su<br>inhibited flu<br>pending recom             | id. ND              | BOP. Secu                           | ure wellh              | nead wit           | h ball val   | ve at            | surface a  | ind SI                     |  |
| If casing fai<br>Establish a r<br>the bradenhea             | ate and             | st, POOH.<br>pressure a             | PU pack<br>and attem   | er. RI<br>mpt to b | H and isol<br>reak circu                             | ate ho<br>lation | oles in ca<br>n to surfa   | sing.<br>ce up             |  |
|   | <i>c</i> .          |                                     |                        |                    |  |                  |  |                            |  |
| 18. I hereby ceptify tha                                    | t the foregoing     | is true and corre                   | et)                    |                    | Dror Cura  | rvico            | 2/14   | /92                        |  |
| SIGNED  | 1/L: M.             | Sanders                             | TITLE KE               | gui. «             | Pror. Supe   |                  | (915) 368-   | -                          |  |
| (This space for Fed   |                     |                                     |                        |                    |  |                  |  |                            |  |
| APPROVED BY   | PPROVAL, IF         | ANT:                                | TITLE                  |                    | · · · · · · · · · · · · · · · · · · ·                | ····             | DATE   |                            |  |