

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other Instructions on reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985 *2158*

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.)

RECEIVED

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
Phillips Petroleum Company ✓

JAN 25 '88

3. ADDRESS OF OPERATOR
Room 401, 4001 Penbrook St., Odessa, TX 79762

O. C. D.
ARTESIA, OFFICE

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

Unit H, 1980' FNL & 660' FEL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Burch C Fed

9. WELL NO.
23

10. FIELD AND POOL, OR WILDCAT
Grayburg Jackson SR-Q-Gb-SA

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
18, 17-S, 30-E

14. PERMIT NO.
API No. 30-015-20623

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

12. COUNTY OR PARISH
Eddy

13. STATE
N.M.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	<input type="checkbox"/>

(NOTE: Report results of multiple completion on Well
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.)*

The subject well was shut down August 1, 1987 as uneconomical to operate. The last test taken on 6/30/82 was 1 BOPD, 8 BWPD and 9 MCFD. The subject well is to be held shut in pending waterflood expansion or evaluation for recompletion/P&A.

REPORT FOR 12 MONTH PERIOD

1/20/89

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

SIGNED

[Signature]
W. J. Mueller

TITLE

Eng. Supervisor, Res.

DATE

November 30, 1987

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

1-21-88

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

BurchCFed23