

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-028793C	
2. NAME OF OPERATOR Phillips Petroleum Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 4001 Penbrook Street, Odessa, Texas 79762		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit 1650' FNL & 1650' FWL		8. FARM OR LEASE NAME Burch C	
14. PERMIT NO. 30-015-20625		9. WELL NO. 25	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3597' GR		10. FIELD AND POOL, OR WILDCAT Grayburg-Jackson	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 23, 17-S, 29-E	
		12. COUNTY OR PARISH Eddy	
		13. STATE NM	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input checked="" type="checkbox"/>
CHANGE PLANS	<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.)

8-31-89: 3400' PTD. Notified BLM/Carlsbad. MI & RU DDU. Pulled rods and pump. Installed BOP. Set 4-1/2" RBP @ 2300', tst'd OK. Removed BOP, installed csg swage on 4-1/2" csg, pressure tst'd csg to 500# for 15 min, tst'd OK. Connected pmp truck to bradenhead valve, attempted to circ to surface, pmpd 50 bbls of water, no circulation to surface. Pmpd 200 sx Class "C" cmt w/2% CaCl. Max pressure reached while pumping cmt was 300#.

9-01-89: Checked bradenhead for leaks - none. Removed swage after releasing pressure on 4-1/2" csg. Installed BOP. WIH w/tbg & retrieved RBP, ran prod. tbg, removed BOP and installed wellhead. Reran prod equip, returned well to prod.

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

SIGNED <u>L. M. Sanders</u>	TITLE <u>Reg. & Pro. Supervisor</u>	DATE <u>10/24/89</u>
(This space for Federal or State office use)		

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

SJS