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

UI ED STATES DEPARTMENT OF THE INTERIOR RURFALL OF LAND MANAGEMENT

SUBMIT IN TRIP: 'E* (Other Instructions on reverse side)

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

Expires August 31, 1985	(*)
5. LEASE DESIGNATION AND SERIAL NO. LC-028784-C	

(Do not use this form for pro	OTICES AND REPORTS O oposals to drill or to deepen or plug back t PLICATION FOR PERMIT -" for such propos	o a different reservoir.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
ONL GAS WELL X WELL	OTHER		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Phillips Petroleum Company √		B. FARM OR LEASE NAME Keely C Fed		
ADDRESS OF OPERATOR ROOM 401, 4001 Penbr	ook St., Odessa, TX 79762	TECSIVED	9. WELL NO 52	
A. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface GG FNL GG FEL		18. FIELD AND POOL, OR WILDCAT Grayburg Jackson SR-Q-Gb-SA		
Unit A, 1345' FNL & 1880 FWL 3 C D. ACTESIA, OFFICE			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 13, 17-5, 29-E	
PERMIT NO. API No. 30-015-22573	15. ELEVATIONS (Show whether DF, RT, GR, et	•	12. COUNTY OR PARISH 13. STATE Eddy N.M.	
	heck Appropriate Box To Indicate	Nature of Notice, Report, or C	Other Data SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)	PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS ETED OPERATIONS (Clearly state all perti	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) (NOTE: Report results of multiple of the completion or Recompletion	Report and Log form.)	
nentto this work.)* The subject well wa ken on 1/83 was 2 BC	ctionally drilled, give subsurface locations s shut down August 1, 1987 PD, 7 BWPD and 12 MCFD. or evaluation for recomplet	as uneconomical to op The subject well is to	erate. The last test	
		Appanyen aca in inc		
		APPROVED FOR 12 MO	PRIA FERIOD	
		ENDING 1/29/89		

*See Instructions on Reverse Side

Eng. Supervisor, Res.

Keely CFed52

DATE

November 30, 1987

TITLE

TITLE

W. J. Mueller

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

(This space for Enderal or State office use)

CONDITIONS OF APPROVAL, IF ANY:

SIGNED

APPROVED BY