

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP: TE*
(Other Instructions on re-
verse side)

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

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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

RECEIVED

2. NAME OF OPERATOR
Phillips Petroleum Company ✓

8. FARM OR LEASE NAME
Burch C Fed

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

9. WELL NO.
31

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

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

Unit N, 660' FSL & 1980' FWL

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

14. PERMIT NO.
API No. 30-015-20668

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

12. COUNTY OR PARISH
Eddy

13. STATE
N.M.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☒
REPAIR WELL ☐ CHANGE PLANS ☐
(Other) ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐ REPAIRING WELL ☐
FRACTURE TREATMENT ☐ ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☐
(Other) ☐

(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 1.2 BOPD, 0 BWPD and 2.5 MCFD. The subject well is to be held shut in pending waterflood expansion or evaluation for recompletion/P&A.

FOR 12 MONTH PERIOD

1/20/89

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

SIGNED

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

BurchCFed31