

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)

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"/>	RECEIVED FEB 20 1992 B. C. D. OFFICE	5. LEASE DESIGNATION AND SERIAL NO. LC-028793-A
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 M, 990' FSL, 330' FWL		8. FARM OR LEASE NAME Burch "AA" Federal
14. PERMIT NO. API No. 30-015-20793	15. ELEVATIONS (Show whether DP, RT, GR, etc.) 3632' GL	9. WELL NO. 28
		10. FIELD AND POOL, OR WILDCAT Gb/Jackson SR-Q-Gb-SA
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18, 17-S, 30-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"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) Set CIBP and TA wellbore <input checked="" 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.)

MIRU DDU. NU BOP. PU 2-3/8" workstring. TIH with 3-7/8" bit, casing scraper (4-1/2" 9.5# casing) and 2-3/8" workstring to 2440'. POOH.

RIH with 4-1/2" CIBP on 2-3/8" workstring. Set CIBP at 2420'.

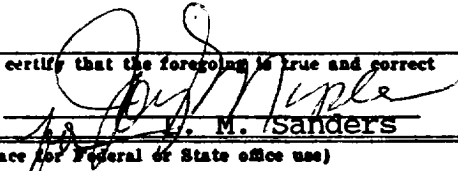
Circulate and load hole with 36 bbls inhibited fluid.

Close BOP. Pressure production casing to 500 psig and run a casing integrity test using a pressure recorder. (Must be able to hold this pressure for 15 minutes with a 10% allowable leakoff.)

If test is successful, POOH laying down workstring. Top off casing with inhibited fluid. ND BOP. Secure wellhead with ball valve at surface and SI pending recompletion. (No cement cap required to TA well per Shannon Shaw with Carlsbad BLM).

If casing fails to test, POOH. PU packer. RIH and isolate holes in casing. Establish a rate and pressure and attempt to break circulation to surface up the bradenhead.

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

SIGNED 	TITLE Regul. & Pror. Supervisor	DATE 2/14/92
(This space for Federal or State office use)		(915) 368-1488
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side