

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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

1. LEASE DESIGNATION AND SERIAL NO.

LC-028793-A

2. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT ASSIGNMENT NAME

8. FARM OR LEASE NAME

Burch "A" Federal

9. WELL NO.

28

10. FIELD AND POOL, OR WILDCAT

Gb/Jackson-SR-Q-Gb-SA

11. SEC., T., R., M., OR BLM. AND
SURVEY OR AREA

Sec. 18, 17-S, 30-E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

1. OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

Phillips Petroleum Company

3. ADDRESS OF OPERATOR

4001 Penbrook Street, Odessa, Texas 79762

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

14. PERMIT NO.

API No. 30-015-20793

15. ELEVATIONS (Show whether SP, RT, OR, etc.)

3632-GL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PCLL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Set CIBP & TA wellbore

(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.)

3/13/92: GIH with 4-1/2 CIBP & workstring. Set CIBP at 2415'. Circulate 36 bbl fluid. Press to 500 psi. (15 min.) Test held OK. Test approval by Don Early BLM. COOH w/workstring. Install landing sub and back off wellhead. Request permit to TA well for 1 year. Drop from report.

APPROVED FOR 12 MONTH PERIOD

ENDING 3/12/93

This Approval of Temporary
Abandonment Expires

03/12/97-NMDCD

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

SIGNED

L. M. Sanders

TITLE

Supv., Reg/Proration

DATE

03/31/92

(This space for Federal or State office use)

(915) 368-1488

APPROVED BY

TITLE

DATE

4/8/92

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

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3632-GL

16.

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FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

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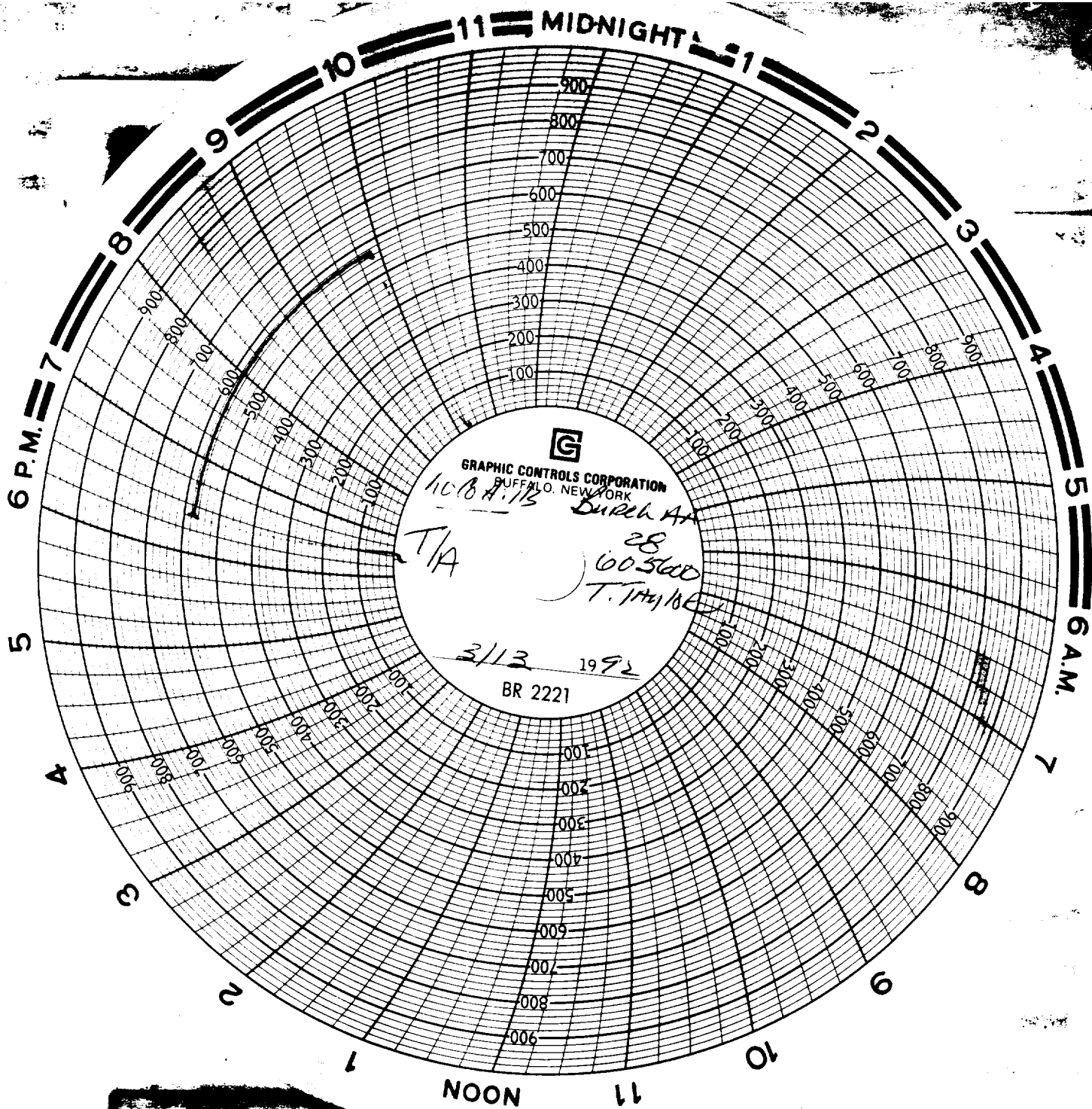
PRODUCTION ENGINEER

(915) 368-1488

DATE

4/8/92

*See Instructions on Reverse Side



RECEIVED

APR 13 1992

O. C. D.
REGIA OFFICE