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

## UNITED STATES Artesia BURMIT IN TRIPLICATED DEPARTMENT OF THE INTERIOR verse side) C210 on re-

MM OIL COTO. CCAMIDATON
Artesia SURMIT IN TRIPLICATE

COMMINGENERAL COMMINGENIES OF THE COMMINGENIES OF TH

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL SO.

BUREAU OF LAND MANAGEMENT LC-

LC-028784-a

| <b>SUNDRY</b> | <b>NOTICES</b> | AND      | <b>REPORTS</b> | ON | WELLSRECEIVED     |
|---------------|----------------|----------|----------------|----|-------------------|
| 49.5- 4 4.    |                | A-411 A- |                |    | Al #arant manager |

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

| (Do not use this form for proposa<br>Use "APPLICA"   | is to drill or to deepen or plug back to a<br>TION FOR PERMIT—" for such propossis.) | different reservoir. |  |    |
|--|--|----------------------|--|----|
| I. OIL X GAS OTHER   |  | OCT 25 '89           | 7. UNIT AGREEMENT NA   | ME |
| 2. NAME OF OPERATOR  |  |                      | 8. FARM OR LEASE NAM   | 2  |
| Phillips Petroleum Co  | ompany /   | O. C. D.             | Keely A Fed  |    |
| 3. ADDRESS OF OPERATOR   |  | ARTESIA, OFFICE      | 9. WHLL NO.  |    |
| 4001 Penbrook Street,  | Odessa, Texas 79762  |                      | 23   |    |
| <ol> <li>LOCATION OF WELL (Report location cle<br/>See also space 17 below.)<br/>At surface</li> </ol> | arly and in accordance with any State req  | uirements.*          | Grayburg-Jac   |    |
| Unit 330' FNL & 9  | 990' FEL   |                      | 11. ENC., T., E., M., OR B<br>SURVEY OR ARMA<br>24, 175, 29E |    |
| 14, PERMIT NO.   | 15. ELEVATIONS (Show whether DF, ST, CR, et  | e.)                  | 12, COUNTY OR PARISE   |    |
| API No. 30-015-21265   | 3612' GR   |                      | Eddy   | NM |
| 16. Check App  | propriate Box To Indicate Nature o   | Notice, Report, or C | Other Data   |    |

| NOTICE OF INTENTION TO: |          |                      | SUBSSQUENT REPORT OF; |  |   |  |
|-------------------------|----------|----------------------|-----------------------|--|---|--|
| TEST WATER SHUT-OFF     |          | PULL OR ALTER CASING |                       | WATER SHUT-OFF REPAIRING WELL  | 1 |  |
| PRACTURE TREAT          |          | MULTIPLE COMPLETE    |                       | FRACTURE TREATMENT ALTERING CASING   |   |  |
| SHOOT OR ACIDIES        |          | ABANDON®             |                       | SHOOTING OR ACIDIZING ABANDONMENT  |   |  |
| REPAIR WELL             | $\sqcup$ | CHANGE PLANS         |                       | (Other) Repair bradenhead leak X   |   |  |
| (Other)                 |          |                      |                       | (NOTE: Report results of multiple completion on Well<br>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 sones pertinent to this work.) \*

8-29-89: 3200' PTD. MI and RU WSU. Pulled rods & pump. Installed BOP, pulled 2-3/8" prod tbg. Ran Depth-O-Meter to TD @ 3140' GL. WIH w/RBP, set @ 2450', tst'd OK. Loaded csg w/2% KCl water. Removed BOP & wellhead. Installed 4-1/2" swage on 4-1/2" csg, tst'd csg to 500# for 15 min. Test was witnessed by BLM-Carlsbad. Tst'd OK, left pressure on 4-1/2" csg. Connected pmp truck to bradenhead valve & attempted to circulate to surface, did not circulate. Pmpd 200 sx Class "C" Neat w/2% CaCl down bradenhead valve. Shut well in overnight.

8-30-89: Released pressure from 4-1/2" csg, ck'd bradenhead valve for water flow. Installed BOP, WIH w/tbg & retrieved RBP & POOH. Removed BOP, WIH w/rods and pump and hung well on.

|  |                |                            | OCT 16 S 43 A     | RECEIVE        |
|--|----------------|----------------------------|-------------------|----------------|
| 8. I bereby certify that the foregoing is true and correct  81GNED | TITLE Reg. & P | ro. Supervisor<br>367-1488 | 10/11789          | <del>-o-</del> |
| (This space for Federal or State office use)                       |                |                            | n roa modeo       |                |
| APPROVED BY  | TITLE          |                            | DATE              |                |
| CONDITIONS OF APPROVAL, IF ANT:                                    |                | 0.0                        | 1 2 2 13 85 K K T |                |

\*See Instructions on Reverse Side

SOS CARLSBAD, NEW ALEMON