

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

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

1. LEASE DESIGNATION AND SERIAL NO.

LC-028793-C

2. IF INDIAN, ALLOTTEE OR TRIBE NAME

3. UNIT ASSIGNMENT NAME

4. FARM OR LEASE NAME

Burch "C" Federal

5. WELL NO.

41

6. FIELD AND POOL, OR WILDCAT

Gb/Jackson Sr-Q-Gb-SA

7. SEC., T., R., N., OR BLK. AND  
SUBDIV OR AREA

30-17-30

8. COUNTY OR PARISH

Eddy

9. STATE

NM

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

MAR 12 1992

2. NAME OF OPERATOR

Phillips Petroleum Company

O. C. D.

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 J, 2615' FSL, 2615' FEL

10. PERMIT NO.

API No. 30-015-22094

11. ELEVATIONS (Show whether of, to, or, etc.)

3610' RKB - 3600' GL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

|                          |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

|                          |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

|                          |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Set CIBP Above Producing

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

Interval and TA Wellbore

|                                     |
|-------------------------------------|
| <input type="checkbox"/>            |
| <input type="checkbox"/>            |
| <input checked="" type="checkbox"/> |

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.)\*

- 2-17-92: MI & RU DDU. Pull rods out laying down. Install BOP. COOH w/tubing laying down. GIH w/5-1/2" scraper on 2-3/8 workstring to 2700'. COOH w/scraper, standing workstring back.
- 2-18-92: GIH with 1st 5-1/2" CIBP on workstring set at 2650'. COOH with workstring. GIH w/2nd 5-1/2" CIBP set at 1680'. Pulled up 1 jt and break circulation to surface. Shut BOP and press up on complete system to 500 psi. Press held!
- 2-27-92: Pump pkf fluid and circulate wellbore. Install press chart and press up on casing to 500 psi for 15 min. BLM witness test. COOH with tubing. Well drop from report. Request permit to TA Wellbore for 1 year.

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

SIGNED

*David M. Sanders*

TITLE Supv., Reg/Proration

DATE 3-2-92

(This space for Federal or State official use)

APPROVED BY

*David M. Sanders*

TITLE

DATE

3-6-92

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

APPROVED FOR 12 MONTH PERIOD  
ENDING 03-01-93

