

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | | 5. LEASE DESIGNATION AND SERIAL NO. LC-028992-E |
| 2. NAME OF OPERATOR PHILLIPS PETROLEUM COMPANY | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME - |
| 3. ADDRESS OF OPERATOR 4001 Penbrook, 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 990' from South Line and 990' from East Line Section 23, T-17S, R-30E Eddy County, New Mexico NMPM | | 8. FARM OR LEASE NAME ARNOLD-E 3 FED |
| 14. PERMIT NO. 30-015-22095 | 15. ELEVATIONS (Show whether DF, RT, CR, etc.) | 9. WELL NO. 4 |
| | | 10. FIELD AND POOL, OR WILDCAT Fred Seven Rivers |
| | | 11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 23, T17 R30 |
| | | 12. COUNTY OR PARISH Eddy |
| | | 13. STATE New Mexico |

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) <input type="checkbox"/> |

(Other) Change of Operator

(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.)*

Operation of the subject lease has been transferred to:

Southwest Royalties, Inc.
407 N. Big Spring, Suite 300
Midland, TX 79701

Effective date: January 1, 1990

SEP 7 11 27 AM '90

RECEIVED

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

| | | |
|--|---------------------------|-----------------|
| SIGNER <u>M. B. Smith</u> (This space for Federal or State office use) | TITLE Attorney-in-Fact | DATE 8-30-90 |
| APPROVED BY CONDITIONS OF APPROVAL, IF ANY: | TITLE | DATE |

*See Instructions on Reverse Side