

# 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.)

OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		<b>RECEIVED BY</b>  <b>AUG 08 1985</b>	6. IF INDIAN, ADEQUATE OR TRUCE NAME
2. NAME OF OPERATOR Phillips Petroleum Company (effective 8/3/85)			7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR Room 401, 4001 Penbrook St., Odessa, TX 79762 D.			8. FARM OR LEASE NAME Keely-A Fed
4. LOCATION OF WELL (Report location clearly and in accordance with any State Requirements. See also space 17 below.) At surface Unit B, 1300' FN and 1500' FE lines			9. WELL NO. 29
10. FIELD AND POOL, OR WILDCAT Grayburg-Jackson (7R-Q-GB-SA)		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 24, 17S, 29E	
14. PERMIT NO. Date 10-3-84	15. ELEVATIONS (Show whether DP, RT, GR, etc.) 3606' GR; 3616' RKB	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) <u>Progress Report</u>	
(Other) <input 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.)

7-31-85 Continue test to evaluate well prior to potential. Testing hampered by mechanical lift equipment problems.

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

SIGNED <u>[Signature]</u> W. J. Mueller (This space for Federal or State office use)	TITLE <u>Sr. Engineering Specialist</u>	DATE <u>7/31/85</u>
APPROVED BY <u>[Signature]</u> CONDITIONS OF APPROVAL, IF ANY:	TITLE _____	DATE _____

AUG 6 1985

\*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO