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Form 3160-5 (June 1990)	DEPARTMENT BUREAU OF LA	AND MANAGEM	Artesia STATES F THE INTERIOR D MANAGEMENT			Budget Bureau No. 1004-0135 Expires: March 31, 1993 5. Lease Designation and Serial No. NM 0479142		
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. Use "APPLICATION FOR PERMIT - " for such proposals					6. If	Indian, Allottee or Tribe Name		
SUBMIT IN TRIPLICATE					7. If Unit or CA, Agreement Designation			
1. Type of Well						oll Name and No. S E FED. 5		
Phillips Petroleum Company 3. Address and Telephone No.					9. API Well No. 30-015-26380			
4001 Penbrook Street, Odessa, TX 79762 915/368-1488 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1017 THE 10101 FML 6 2202 FEL OF SEC. 11 T-22-S P-30-F						iold and Pool, or exploratory Area (N LAKE (DELAWARE)		
UNIT H, 1810' FNL & 330' FEL OF SEC. 11, T-22-S, R-30-E					11. County or Parish, State EDDY NM			
12. CHE	CK APPROPRIATE BOX(s)	TO INDICATE	NATURE OF NOT	ICE, REPORT,	OR OT	THER DATA		
TYPI	E OF SUBMISSION	TYPE OF ACTION						
	Notice of Intent		Abandonment			Change of Plans		
X Subsequent Report			Recompletion Plugging Back			New Construction Non-Routine Fracturing Water Shut-Off		
	Final Abandonment Notice	Casing Repair Altering Casing Other ADDED PERFS & ACDZ'			(Not	Conversion to Injection Dispose Water te: Report seeds of statistic completion on Well impletion or Recompletion Report and Log form.)		
12/12/94 12/13/94 12/14/94 12/15/94 12/16/94 1/19/95 2	or Completed Operations (Clearly state all arface locations and measured and true vertically the control of the	DS AND PUMP. DELAWARE PE SES WITH 7,50 SUB, SN ON 2 SPACED WELL 108 BBLS OF	RFS 6020'-6036 O GALS 15% NI -7/8" TUBING. OUT. RD DDU OIL, 81 BBLS (FEE HCL ACII REMOVE BOI PLACE WEI OF WATER, A	PER F D. P AND LL ON	T WITH 23 GRAM INSTALL WELLHEAD. PUMP.		
14. I hereby certify	that the foregoing is true and coprost	Title SU	PERVISOR, REGU	JLATORY AFF	IRS	Date 02/01/95		
(This space for	Federal or State office use)							

__ Date __

_ Title _