SUNDRY NOTICES AND REPORTS ON WELLS (the next such form for proposals to differ on deepen or plug back to a different reservoir. (Dec APPLICATION FOR PERMIT—" for each proposals." (Dec APPLICATION FOR PERMIT—" for each prop		ARTMENT OF THE INTI		NM 70335
OLC. D. ADDITION OF PARTY OF THE SECTION OF THE SE			lug back to a different reservoir.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
PHILIPS PETROLEUM COMPANY PHILIPS PETROLEUM COMPANY ADDESS OF OPERATOR 4001 Pembrook St., Odessa, Texas 79762 Locations or well, Heport location diversity and in accordance with any State requirements.* Surface: Unit L, 1200' FML & 2240' FSL Bottom Hole Location: Unit L, 660' FWL & 1980' FSL FERMIT NO. 30-015-26436 Check Appropriate Box To Indicate Nature of Notice, Report, or Other Date NOTICE OF INTENTION TO: TEST WATER SHIPTOFF FEACURE TREAT SHOOT OF ACCORDER REPAIR WELL (Other) Complete Or Complete Or Department of Complete Or Notice of Notice of State of				7. UNIT AGEREMENT NAME
PHILLIPS PETROLEUM COMPANY PHILLIPS PETROLEUM COMPANY AQUIPEN CONTROL OF VILLA CREATER AND CONTROL OF VILLAGE CONTROL O	WELL LXX WELL OT	:HER	DEC - 4 1991	S SARM OR LEAST WAVE
APTECLY THE ADDRESS OF OPERATOR ST., Odessa, Texas 79762 Location or Will (Report location clearly and in accordance with any State requirements.* Surface: Unit L, 1200' FWL & 2240' FSL Bottom Hole Location: Unit L, 660' FWL & 1980' FSL PERMIT NO. 3307.6' GL; 3318.6' KB Check Appropriate Box To Indicate Nature of Notice, Report, or Other Date NOTICE OF METERS	*****	TROLEUM COMPANY	0.00	Livingston Ridge Fed
DOCUMENT OF THE PROPERTY OF THE PARTY OF THE		TRULEUM COMPANI		_
LOCATION OF WELL (Report location clearly and in accordance with any State requirements." Surface: Unit L, 1200' FWL & 2240' FSL Bottom Hole Location: Unit L, 660' FWL & 1980' FSL Sec. 1, 7-22-S, R. FEBRUTY NO. 30-015-26436 Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: TEST WATER SECTORY PRESENCE OF PLANS (Clearly state all pertient details and give pertition date, including completion on Well (Other). Complete Group From report on Well (Other). Complete Group From report of the Secretary of S	4001 Penbro	ok St., Odessa, Texas	79762	2
Surface: Unit L, 1200' FML & 2240' FSL Bottom Hole Location: Unit L, 660' FML & 1980' FSL FRENIT NO. 30-015-26436 Check Appropriate Box To Indicale Nature of Notice, Report, or Other Data NOTICE OF INTERTION TO: TEST WATER BEUT-OFF PRACTURE TREATMENT ARMSON' CHANGE PLANT CH	LOCATION OF WELL (Report loc See also space 17 below.)	ation clearly and in accordance with	any State requirements.*	Cabin Lake (Delaware)
Bottom Hole Location: Unit L, 660' FWL & 1980' FSL Sec. 1, T-22-S, R. Check Appropriate Box To Indicale Nature of Notice, Report, or Other Data Notice of Intention to: Tent water brut-off Pell or Alter Casino Notice Tent real brut-off Pell or Alter Casino Notice Tent water brut-off Pell or Alter Casino Notice Tent real Brut-off Pell or Alter Casino Not				11. 88C., T., B., M., OR BLK. AND
THE SECOND CONTROL OF SECOND PLANS (Show whether Dr. Fr. Oz. Rec.) Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: TEST WATER SHUT-OFF PRACTURE TREAT SHOOT OR ACTION OR ACTION OF THE ASSESSMENT EMPORT OF: THE WATER SHUT-OFF PRACTURE TREAT SHOOT OR ACTION OR ACTI	Bottom Hole Location: Unit L, 660' FWL & 1980' FSL			
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data **ROTTION TO:** **TEST WATER SHUT-OFF** PELL OR ALTER CASINO WATER SHUT-OFF** PERCENT REPORT OF INTERNET OF SHADON** REPORT REPORT REPORT OF SHADON** CHANGE PLANK** (Other) Complete drop from report of shading company shadon a circumate shoot on a circumate company of the shadon of shadon o		Cham mhail	and the state of	
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: TEST WATER BRUT-OFF PRACTURE TREAT SHOOT OR ACTORIFE ARANDON* MULTIPLE COMPLETE ARANDON* MULTIPLE COMPLETE ARANDON* CHANCE PLANE (Other) Other) ONTE: Report results of multiple completion on Wealth (Other) OTHER PRICTOR REPORT OTHER SHOTON AND REPORT ALTERNATION OTHER SHOTON OTHER SHOTO				
NOTICE OF INTENTION TO: TEST WATER SHUT-OFF PRACTURE TREAT SHOOT OR ACTIVE BROOTING OF COMPLETE SHOOT OR ACTIVE BROOTING OF COMPLETE ORDER OF PRACTURE TREATENT SHOOT OR ACTIVE CHAPLE CHAPCE PLANE CHA				1 200,
Thereby certify that the forgedby laftere and correct Regulation & Provation Thereby certify that the forgedby laftere and correct Thereby certify that the forgedby laftere and correct Thereby certify that the forgedby laftere and correct Regulation & Provation Thereby certify that the forgedby laftere and correct Thereby certify that the forgedby laftere and correct Regulation & Provation Thereby certify that the forgedby laftere and correct Regulation & Provation Thereby certify that the forgedby laftere and correct Regulation of Response and Log form. If the forged and	Che	ck Appropriate Box To Indica	ie Nature of Notice, Report, or (Other Data
PRACTURE TREAT SHOOT OR ACIDIZE SHOOT OR	NOTICE OF	F INTENTION TO:	#UB##9	UBNT EMPORT OF:
ABANDON ARADIZE ABANDON BEFAIR WELL CHANGE PLANE CHANGE	TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
REPAIR WELL CHANGE PLANE (Other) (Other) (Other) (Note Report results of multiple completion on Well Completion or Recompletion Begins and give pertinent age and give auditure and proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and according to the work.) 7/3/91 Pumped 114 BO, 200 BW, 102 MCF, GOR 895/1 in 24 hrs. COMPLETE DROP FROM REPORT I hereby certify that the foregoing intrue and correct Supervisor, Regulation & Proration DATE 11/20/91 (This spece for Federal or Battle space use)	FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CARING
(Other) Other) DEN'RIBE PROPOSED ON CONFLETED OFERATION? (Clearly state all pertinent details, and give pertinent dates, including estimated date of state proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and account to his work. Supervisor of the conference of the confere	SHOOT OR ACIDIZE	ABANDON®		dran from report
Described on complete and Log form) Described work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and according to this work.)* 7/3/91 Pumped 114 BO, 200 BW, 102 MCF, GOR 895/1 in 24 hrs. COMPLETE DROP FROM REPORT I hereby certify that the tergology bytrue and correct story continued to the continued of the		WELL CHANGE PLANS (Utder)		
Thereby certify that the forgoing laftrue and correct Supervisor, Regulation & Proration Thereby certify that the forgoing laftrue and correct Supervisor, Regulation & Proration TITLE Regulation & Proration DATE 11/20/91	·	<u>iJ</u>	Completion or Recomp	pletion Report and Log form.)
SIGNED TITLE Regulation & Proration DATE 11/20/91 (This space for Federal or State (Sice use)	COMPLETE	OROP FROM REPORT		
APPROVED BY DATE CONDITIONS OF APPROVAL, IF ANY:	I hereby certify that the feet	Walle 1	Supervisor, Regulation & Proration	n par 11/20/91
2	(This space for Federal or Be	der to the tase)		DATE

*See Instructions on Reverse Side

SJS