

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL.  
(Other instructions  
verse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

dst

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection per NMOCD Order R-7900		5. LEASE DESIGNATION AND SERIAL NO. LC-028784-C	
2. NAME OF OPERATOR Phillips Petroleum Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 4001 Penbrook Street, 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  Unit K, 1980' FSL & 1980' FWL		8. FARM OR LEASE NAME Keely C Federal	
14. PERMIT NO. API No. 30-015-03136		9. WELL NO. 16	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3575' DF		10. FIELD AND POOL, OR WILDCAT GB-J-SR-Q-Gb-SA	
		11. SEC., T., R., M., OR BLE. AND SUBVY OR AREA Sec. 26, 17-S, 29-E	
		12. COUNTY OR PARISH Eddy	13. STATE New Mexico

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
(Other) ☐

PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
ABANDON\* ☐  
CHANGE PLANE ☐

WATER SHUT-OFF ☐  
FRACTURE TREATMENT ☐  
SHOOTING OR ACIDIZING ☐  
(Other) ☒ Temporarily abandon

REPAIRING WELL ☐  
ALTERING CASING ☐  
ABANDONMENT\* ☒

(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.)

Permission is requested to temporarily abandon well for approximately three to six months pending evaluation and stimulation procedure.

RECEIVED

JUL 27 '90

ARTESIAN OFFICE

RECEIVED  
JUL 20 11 44 AM '90  
CARLETON  
AREA HEADQUARTERS

APPROVED FOR 6/27/90

FILED 1/31/91

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

SIGNED L. M. Sanders  
L. M. Sanders  
(This space for Federal or State office use)

TITLE Supervisor, Reg. & Proration DATE July 19, 1990

APPROVED BY Orig. Signed by A. J. C. C. C.  
CONDITIONS OF APPROVAL, IF ANY:

TITLE PETROLEUM ENGINEER

DATE 7-23-90

\*See Instructions on Reverse Side