Form 3160-5
November 1983)
Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.: NM-0467934

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

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 [X] GAS WELL [ ] OTHER

RECEIVED
JAN 14 1993
O. C. D.
ARTESIA, OFFICE

7. UNIT AGREEMENT NAME: Grayburg Jackson WFU

2. NAME OF OPERATOR: Phillips Petroleum Company

8. FARM OR LEASE NAME:

3. ADDRESS OF OPERATOR: 4001 Penbrook St., Odessa, Texas 79762

9. WELL NO.: Tract MB 7

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface: Unit P, 990' FSL & 990' FEL

10. FIELD AND POOL, OR WILDCAT: Grb.Jacks.SR-Q-Gb-SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec.27, ~~27~~ 17-S, 30-E

14. PERMIT NO.: API No. 30-015-04364

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3596' GL

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	[ ]	PULL OR ALTER CASING	[ ]	WATER SHUT-OFF	[ ]	REPAIRING WELL	[ ]
FRACTURE TREAT	[ ]	MULTIPLE COMPLETE	[ ]	FRACTURE TREATMENT	[ ]	ALTERING CASING	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[ ]	SHOOTING OR ACIDIZING	[ ]	ABANDONMENT*	[ ]
REPAIR WELL	[ ]	CHANGE PLANS	[ ]				
(Other) Test well to determine reactivation potential			[X]	(Other)			

(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.)*

1. MI & RU DDU. Bleed down any pressure on csg/tbg. Install Class 2 BOP. Insure csg/tbg static. COOH w/tubing (if applicable).
2. RIH w/packer on 2-3/8" J-55 workstring. Set packer approx 50' above perfs or openhold interval. Attempt to load backside. (Note: If backside will not load, isolate leak). Notify BLM to witness test
3. Pump 500 gallons 15% NEFe HCL, and flush to bottom perforation with produced fluid. Do not exceed 2000 psi.
4. Swab back load.
5. Put well on test pump for 1 week. (Pump to frac tank.) If economical, well will be reactivated. If non productive will recommend to permanently abandon well.

RECEIVED
DEC 31 10 34 AM '92
CARLSBAD AREA OFFICERS

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

SIGNED L.M. Sanders TITLE Supv., Reg. Affairs DATE 12/30/92

915/368-1488

(This space for Federal or State office use)

APPROVED BY David R. Glass TITLE _____ DATE 1/12/93

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.