SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this for converting to the product of the product	°orm 3160-5 November 1983) ₽ormerly 9-331)	DEPARTMEI BUREAU C	ITEL TATES NT OF THE INTE OF LAND MANAGEME	NAECEIVED		Form approved. Budget Bureau Expires August 5. LEASE DESIGNATION I.C-028793-C 6. IF INDIAM, ALLOTTE	No. 1004-01 31, 1985 AND BURIAL N	io. 21
2. Name or organized Outcome of the second account of the second	(Do not use th	is form for proposals Use "APPLICATIO	S AND REPORTS to drill or to deepen or plu N FOR PERMIT—" for such JA	ON WELLS ag back to a different r h proposale.	eservolr. 192	7. UNIT AGREEMENT N	A 34 B	
4001 Penbrook St. Odessa, Texas 79762 20 4002 Penbrook St. Odessa, Texas 79762 10. Fills of Vills (Report location dearly and in accordance with any Biste required for D. Astronomy Pendence D. P. Astronomy	2. NAME OF OPERATOR Phillips Pe	etroleum Compa			4 1992-	Burch C Fee	-	
API No. 30-015-20563 3650' GL Eddy NM 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data Report or Unterstation To: Test Watta Button To: Test Watta Consult Consultation State Consultation Consultation Colspan="2">Support Consultation Colspan="2">Exact Consultation Colspan="2">Support Consultation Colspan="2">Support Consultation Colspan="2">Support Consultation Colspan="2">Support Consultation Colspan="2">Support Colspan="2" 17. Desecares re	4001 Penbrook St., Odessa, Texas 79762 4. LOCATION OF WELL (Report location clearly and in accordance with any State requiremedta. D. See also space 17 below.) At surface					10. VIELD AND POOL, OR WILDCAT Grayburg Jackson SR-Q-Gb-Si 11. SHC., T., B., M., OR BLE. AND SURVEY OR ARMA		- <u>Gb</u> -SA
Other Notice Check Appropriate Box To Indicate Notice of Notice, Report, or Other Data Notice of INTENTION TO: Substration of the state of the	IT, FRANK NV.							
 TEST WATER BRUT-OFF TEST WATER BRUT-OFF TRACTURE TREAT BROATING TREAT SUDTIFIES COMPLETE AANDON* CHANGE FLANS (Other) Set CIBP and TA Wellbore X. NOTH: Report results of multiple completion on Well COMPLETE ON REATING TREATING COMPLETE OF REATING TREATING TREATING		Check Appro	opriate Box To Indicat	e Nature of Notice				
 PU 2-3/8" workstring. RIH to top of cement. Pressure production casing to 500 psig and run casing integrity test using a pressure recorder. (Must be able to hold this pressure for 15 minutes with a 10% allowable leakoff.) a. If test is successful, POOH laying down workstring. Top off casing with inhibited fluid. ND BOP. Secure wellhead with a ball valve at surface and SI pending recompletion. b. If casing fails to pressure test, POOH. PU packer. RIH and isolate 	TEST WATES SHUT-OFF PCLL OR ALTER CASING FRACTURE TREAT MULTIPLE COMPLETE SHOOT OB ACIDIZE ABANDON* REPAIR WELL CHANGE PLANS (Other) Set CTBP and TA Wellbore 17. DESCRIBE INDOGSED OR COMPLETED OPERATIONS (Clearly state all pertinen proposed work. If well is directionally drilled, give subsurface locationally drilled.			FRACTURE 1 BEOOTING C (Other) (Norm Comp	REATMENT a ACIDIZING : Report result etion or Recom	ALTERING CASING ABANDONMENT [®]		any perti-
 a pressure recorder. (Must be able to hold this pressure for 15 minutes with a 10% allowable leakoff.) a. If test is successful, POOH laying down workstring. Top off casing with inhibited fluid. ND BOP. Secure wellhead with a ball value at surface and SI pending recompletion. b. If casing fails to pressure test, POOH. PU packer. RIH and isolate 								
with inhibited fluid. ND BOP. Secure wellhead with a ball value at surface and SI pending recompletion. b. If casing fails to pressure test, POOH. PU packer. RIH and isolate	a pres	ssure recorde:	r. (Must be abl	psig and run o e to hold this	casing int s pressure	tegrity test us e for 15 minute	sing 25	
b. If casing fails to pressure test, POOH. PU packer. RIH and isolate holes in casing. Establish rate and pump-in pressure	W	ith inhibited	fluid. ND BOP.	Secure well	kstring. nead with	Top off casing a ball valve a	J at	
	b. I h	f casing fail oles in casin	s to pressure te g. Establish ra	est, POOH. PU ate and pump-i	packer. n pressur	RIH and isola e	te	

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8. I hereby certify that the foregoing is true and correct		1 /2 /02
signed I. M. Sanders	TITLE Supv., Reg. & Proration	DATE
(This space for Federal or State office use)	· · · · · · · · · · · · · · · · · · ·	122/02
APPROVED BY	TITLE	DATE 1/51/92

*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.