

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEXICO 88240

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

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 ☒ GAS WELL ☐ OTHER ☐		6. WELL NO.
2. NAME OF OPERATOR Phillips Petroleum Company		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR 4001 Penbrook St., Odessa, TX 79762		8. FARM OR LEASE NAME Davis-N
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit N, 660' FSL & 1980' FWL		9. FIELD AND POOL, OR WILDCAT Chaveroo San Andres
14. PERMIT NO. 30-005-20847		11. SEC., T., R., N., OR BLK. AND SUBST. OR AREA 7, 8-S, 33-E
15. ELEVATIONS (Show whether SP, ST, GR, etc.) 4439' GR		12. COUNTY OR PARISH Chaves
		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 ACIDISE ☐	ABANDON* ☐	SHOOTING OR ACIDISING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) Request SI Extension ☒	
(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.)*

Request an extension of previous authority to temporarily abandon the subject well pending conversion to Salt Water Disposal. Conversion to SWD should be complete within six to nine months based upon ODD approval. Copies of SWD application will be sent as filed with NMOCD.

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

SIGNED L. M. Sanders TITLE Supervisor Regulation/Pro DATE 8/6/91

(This space for Federal or State office use)

APPROVED BY send subsequent report of SWD conversion TITLE APPROVED FOR 6 MONTH PERIOD DATE SEP 11 1991

CONDITIONS OF APPROVAL, IF ANY: ENDING 2/1/92

*See Instructions on Reverse Side