

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
P.O. BOX 10
HOBBS, NEW MEXICO 88240

EXPIRES AUGUST 31, 1985
LEASE DESIGNATION AND SERIAL

NM 055564

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR Jack L. Phillips	N Isler-Federal
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit Letter N 330 FSL & 1980 FWL Sec 29, T9S, R30 E Chaves County, New Mexico	9. WELL NO.
14. PERMIT NO.	10. FIELD AND POOL OR WILDCAT
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4060 G.L.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 29, T9S, R30E
	12. COUNTY OR PARISH Chaves
	13. STATE N.M.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☐
REPAIR WELL ☐ CHANGE PLANS ☐

(Other) *change operator & well name* X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐ REPAIRING WELL ☐
FRACTURE TREATMENT ☐ ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☐

(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.)*

We are giving notice of a change in operator of the above referenced well from Texaco Producing, Inc., to Jack L. Phillips.



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

SIGNED *Jack L. Phillips* TITLE Operator DATE 12/12/88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED
DATE
PETER W. CHESTER

DEC 19 1988

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side