

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	5. LEASE DESIGNATION AND SERIAL NO. Lusk Deep Unit-A-Com
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 Lusk Deep Unit-A-Com
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
14. PERMIT NO. 30-025-24974-? 508	9. WELL NO. 13
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3587' GR; 3610' RKB	10. FIELD AND POOL, OR WILDCAT Lusk-Atoka Gas
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18, T-19-S, R-32-E
	12. COUNTY OR PARISH Lea
	13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) Proposed Tank Battery <input checked="" type="checkbox"/>		(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.)

Under present operations flowlines frequently freeze. Phillips proposes to move tanks from present tank battery site and install with heater treaters on existing pad at well site. No additional clearance will be done. This will improve production by elimination line freezing.

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

SIGNED <i>[Signature]</i> A. M. Sanders (This space for Federal or State office use)	TITLE Supv. Regulatory Affairs	DATE 03-19-93
APPROVED BY <i>[Signature]</i> CONDITIONS OF APPROVAL, IF ANY:	TITLE PETROLEUM ENGINEER	DATE APR 15 1993

*See Instructions on Reverse Side