

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE*
(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.)

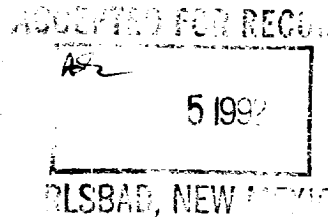
1. OIL WELL ☐ GAS WELL ☐ OTHER SWD	5. LEASE DESIGNATION AND SERIAL NO. NM 86710
2. NAME OF OPERATOR Phillips Petroleum Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 4001 Penbrook St., Odessa, Texas 79762	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit E, 1980' FNL & 660' FWL	8. FARM OR LEASE NAME Lost Tank SWD
14. PERMIT NO. API-30-025-31443	9. WELL NO. 1
15. ELEVATIONS (Show whether OF, HT, GR, etc.) 3648' GR	10. FIELD AND POOL, OR WILDCAT Lost Tank (Delaware)
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31, 21-S, 32-E
	12. COUNTY OR PARISH Lea
	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 ☐	PCLL 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) New Well ☒	
(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.)*

9-5-92 - Formation taking water at 780 PSI. 3.8 BBL/MIN. = 5490 BBL/Day on 24 hrs. Rig down and shut well in.



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

SIGNED <u>I. M. Sanders</u> (This space for Federal or State office use)	TITLE <u>Supv. Regulatory Affairs</u>	DATE <u>10-26-92</u> <u>915/368-1488</u>
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side