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OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State [ ] Fee [X]

5. State Oil & Gas Lease No.

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 –" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL [ ] GAS WELL [X] OTHER-

7. Unit Agreement Name

2. Name of Operator
BURLESON and HUFF

8. Farm or Lease Name
Jenkins

3. Address of Operator
P.O.Box 935 - Midland, Texas 79701

9. Well No.
1

4. Location of Well
UNIT LETTER **M**, **660** FEET FROM THE **South** LINE AND **330** FEET FROM THE **West** LINE, SECTION **29** TOWNSHIP **25** RANGE **37** NMPM.

10. Field and Pool, or Wildcat
Jalmat

15. Elevation *(Show whether DF, RT, GR, etc.)*
3041 DF

12. County
Lea

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

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK [ ]
- TEMPORARILY ABANDON [X]
- PULL OR ALTER CASING [ ]
- PLUG AND ABANDON [ ]
- CHANGE PLANS [ ]
- OTHER [ ]

SUBSEQUENT REPORT OF:

- REMEDIAL WORK [X]
- COMMENCE DRILLING OPNS. [ ]
- CASING TEST AND CEMENT JOB [ ]
- ALTERING CASING [ ]
- PLUG AND ABANDONMENT [ ]
- OTHER [ ]

17. Describe Proposed or Completed Operations *(Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)* SEE RULE 1103.

Re-entered old T-P Jenkins No. 1, drilled plugs to a TD of 2822'.
Swabbed open hole Yates section w/poor show of gas; acidized w/500 gal. regular acid, swabbed Yates w/poor show of gas.
After 72 hours shut-in tubing pressure 75#, shut-in casing pressure 125#.
Prep to temporarily abandon.

Request permission to temporarily abandon until well can be re-entered and drilled deeper to Langlie-Mattix zone.

Expires 3/12/76

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED [signature] TITLE **Partner** DATE **3-10-75**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: