

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN
(Other Instr.)
DATE

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

LEASE DESIGNATION AND SERIAL NO

NM 0560289

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.)

RECEIVED

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME Burton Flat Deep Unit
2. NAME OF OPERATOR BHP Petroleum Company Inc. ✓	8. FARM OR LEASE NAME Burton Flat Deep Unit
3. ADDRESS OF OPERATOR 6 Desta Drive Suite 3200 Midland, TX 79705	9. WELL NO. 16
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FSL & 1980' FWL Sec 3	10. FIELD AND POOL, OR WILDCAT Wildcat-Delaware
14. PERMIT NO.	12. COUNTY OR PARISH Eddy
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3201' GL	13. STATE NM

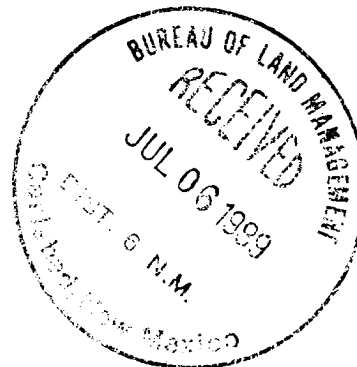
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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

See Attached- Plugging Procedure Proposal



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

SIGNED Hal Crabb, III (This space for Federal or State office use)	TITLE Petroleum Engineer	DATE 6/29/89
APPROVED BY [Signature] CONDITIONS OF APPROVAL, IF ANY:	FOR: TITLE	DATE 7-13-89

*See Instructions on Reverse Side