NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

RECEIVED

MISCELLANEOUS NOTICES

JUL 3 1957

Submit this notice in TRIPLICATE to the District Office, Oil Conservation Commission, before the work specified is to begin. A copy will be returned to the sender on which will be given the approval, with any modifications considered advisable, or the objections of the Commission or agent, of the plan submitted. The plan as approved should be followed, and work should not begin until approval is obtained. See additional instructions in the Rules and Regulations of the Commission.

Indicate Nature of Notice by Checking Below

NOTICE OF INTENTION TO CHANGE PLANS		NOTICE OF INTENTION TO TEMPORARILY ABANDON WELL		NOTICE OF INTENTION TO DRILL DEEPER	
NOTICE OF INTENTION TO PLUG WELL	X	NOTICE OF INTENTION TO PLUG BACK		NOTICE OF INTENTION TO SET LINER	
NOTICE OF INTENTION TO SQUEEZE		NOTICE OF INTENTION TO ACIDIZE		NOTICE OF INTENTION TO SHOOT (Nitro)	
NOTICE OF INTENTION TO GUN PERFORATE		NOTICE OF INTENTION (OTHER)		NOTICE OF INTENTION (OTHER)	

OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Carlsbad, N. Mex., (Place) 7/3/57 (Date)

Gentlemen:

Following is a Notice of Intention to do certain work as described below at the......Pure State No. 6

Everett D. Burgett (Company or Operator)......Pure State......Lease......Well No.......6......in......O (Unit)

SW ¼ SW ¼ of Sec......15......, T. 21......, R. 27......,NMPM., magruder yates......Pool
(40-acre Subdivision)

Eddy......County.

FULL DETAILS OF PROPOSED PLAN OF WORK
(FOLLOW INSTRUCTIONS IN THE RULES AND REGULATIONS)

Plug well with 10 sacks of cement in the bottom and fill to surface with drilling with marker and cement cap in the top

This program was approved xby the State Water District Engineers Office

JUL 3 1957

Approved......, 19........
Except as follows:

Everett D. Burgett
Company or Operator

By......

Position......Operator

Send Communications regarding well to:

Approved
OIL CONSERVATION COMMISSION

By......M L Armstrong

Title......OIL AND GAS INSPECTOR

Name......

Address......