Form (331 (May 1963)

16.

L TED STATES SUBMIT IN TR (Other instruction verse side) TED STATES

CATE*

Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.

New Mexico

NM-0560290

Eddy

GEOLOGICAL SURVEY						
SUNDRY	NOTICES	AND	REPORTS	ON	WFI	l S

DF 3211'

(Do not use this form for	PPLICATION FOR PERMIT—" for such proposals.)	S. IF INDIAN, ADDOTTED OR TRIBE NAME
		7. UNIT AGREEMENT NAME
WELL GAS WELL OT	HER (137)	Burton Flat Deep
NAME OF OPERATOR		8. FARM OR LEASE NAME
MONS	SANTO COMPANY	Burton Flat Unit
Address of operator	North Marienfeld, Midland, Texas 79701	9. WELL NO.
LOCATION OF WELL (Report loc See also space 17 below.) At surface	10. FIELD AND POOL, OR WILDCAT Wildcat	
3	3300'FSL & 1980' FEL Sec. 3	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 3, T-21S, R-27E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, CR, etc.)	12 COUNTY OF PARISH 13 STATE

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

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NOT	CE OF	INTENTION TO:		SUBSEQUENT R	SPORT OF:
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)		PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON® CHANGE PLANS		WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) (Note: Report results of mu Completion or Recompletion F	REPAIRING WELL ALTERING CASING ABANDONMENT*
·,			<u></u>	Completion or Recompletion 1	teport 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.)*

Drilled $12\frac{1}{4}$ " hole to 3010'; Set 9 5/8" 36# ST&C J-55 Casing at 3008'; cemented w/ 1150 Sx. Cement; did not circulate; Top cement 380'; 13 3/8" set 607'; WOC 24 Hrs. & tested w/ 1000# for 30 Mins., held OK.

RECEIVAT

SEP141972

U. S. GEOLOGICA ADTECAL

		Mareon (M.)
18. I hereby certify that the foregoing is true and correspond E. M. Scholl	TITLE District Engineer	DATE 9/13/72
(This space for Frderal or State office use) APPROVER BY CONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE
ACTING DISTRICT FNGINEER	*See Instructions on Reverse Side	