Form	3160-5
June	1990)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT	IN TRIPLICATE	RECEIVED	7. If Unit or CA, Agreement Designation
Type or Well Oil Gas Well X. Well Other		JUN 1 1 1992	Burton Flat Deep 8. Well Name and No.
Name of Operator BHP Petroleum (Americas) Inc. Address and Telephone No.	/	O. C. D.	Burton Flat Unit #1 9. API Well No.
5647 San Felipe, Ste. 3600, Ho 4 Location of Well (Footage, Sec. T. R., M., or Survey Dec Sec. 3, T 21S, R 27E 3366/5 1980/E	scription)	<u>57 713/780-5000</u>	10. Field and Pool. or Exploratory Area Burton Flat Morrow 11. County or Parish, State Eddy
CHECK APPROPRIATE BOX(s) TO INDICATE NAT	URE OF NOTICE, RE	EPORT, OR OTHER DATA
TYPE OF SUBMISSION		TYPE OF AC	TION
X Notice of Intent	Abandoni Recomple Plugging	etion	Change of Plans New Construction Non-Routine Fracturing
Final Abandonment Notice	Casing R Altering Other	•	Water Shut-Off Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

During plugging operations and after setting CIBP 11190' to isolate the Morrow perfs, well started flowing up from Strawn formation 10,600' via 7 7/8" hole & $5\frac{1}{2}$ " annulus and exiting at surface through the 9 5/8" annulus. Flowing pressur 25#. Well is shut-in. Therefore we are requesting to flow the Strawn formation as mentioned above on a week by week basis to determine potential flow rate. We will update on or before 6/19/92 as to future plans. Approximate rate 375 MCF.

I hereby certify that the foregoint of true and correct Signed	Title	Regulatory Affairs Coordinat	OrDate_	6/12/92
(This space for Federal or State office use) Approved by Conditions of approval. if any: APPROVED FOR 7 DAYS		12 - 6 /18/92)	_ Date _	6/16/92

FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993 5. Lease Designation and Serial No.

NM-0560290

6. If Indian, Allottee or Tribe Name

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