

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TR. DATE
(Other instructions on reverse side)

Form approved,
Budget Bureau No. 42-R1424.

LEASE DESIGNATION AND SERIAL NO.
NM - 0560289
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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

AUG 22 1978

1. OIL WELL ☐ GAS WELL ☒ OTHER	UNIT AGREEMENT NAME Burton Flat Deep Unit
2. NAME OF OPERATOR MONSANTO CO. ✓	7. FARM OR LEASE NAME Burton Flat Unit
3. ADDRESS OF OPERATOR 1330 Midland NBT, 500 W. Texas, Midland, TX 79701	9. WELL NO. 3
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 700' FSL & 1980' FWL, Section 3	10. FIELD AND POOL, OR WILDCAT Burton Flat - Strawn
	11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec. 3, T-21S, R-27E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)
	12. COUNTY OR PARISH Eddy
	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 ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) Pipeline disconnect ☒	

(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.)

Gas Company of New Mexico has recieved no Strawn production from this well since July, 1976. Disconnection was made on 4/12/78.

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

SIGNED [Signature] TITLE Regional Production Eng. DATE 8/18/78

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE ACTING DISTRICT ENGINEER DATE AUG 21 1978

CONDITIONS OF APPROVAL, IF ANY: