## UNITED STATES N. M. O. STANFAN TICATES DEPARTI NT OF THE INTERIOR (Other instruction on re-

GEOLOGICAL SURVEY

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

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

NM 0490463
6. IF INDIAN, ALLOTTEE OR TRIBL NAME

SUNDRY NOTICES	AND	REPORTS	ON	WELLS
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(Do not use this form for proposals to drill or to deepen or plug back to-Use "APPLICATION FOR PERMIT—" for such proposals." defence Estroy E D 7. UNIT AGREEMENT NAME SEP 2 1 1973 Burton Flat Deep Unit X WELL OTHER 8. FARM OR LEASE NAME 2. NAME OF OPERATOR MONSANTO COMPANY -Burton Flat Unit 9. WELL NO. 3. ADDRESS OF OPERATOR RTESIA DEFICE 101 North Marienfeld, Midland, LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) 10. FIELD AND POOL, OR WILDCAY Burton Flat - Morrow 11. SEC., T., R., M., OR BLK. AND SURVEY OR ABEA 1980' FSL & 660' FEL Section 33 Sec. 33, T-20S, R-28E 12. COUNTY OR PARISH 13. STATE 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 14. PERMIT NO. New Mexico 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

(Other)

(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.)\*

WATER SHUT-OFF

(Other) Spud

FRACTURE TREATMENT

SHOOTING OF ACIDIZING

Spudded 17½" hole 5:00 PM 9/13/73.

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

Drilled  $17\frac{1}{2}$ " to 603' and set 13 3/8" 48# H-40 ST&C; Csg. set @ 603' & cemented to surface w/ 600 Sx. Halliburton Lite, 5# Gilsonite/Sx., 2% CaCl + 150 Sx. Class "C",  $\frac{1}{2}$ # Flocele/Sx., 2% CaCl; Plug down 3:45 PM 9/15/73.

WOC 18 Hrs. & tested w/ 800 psi for 30 Mins., held OK.

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SEP 2010/2 DE DI SIRINE

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SIGNED . That the foregoing is true and correct	THTLE District Prod. Mgr.	DATE 9/19/73
(This space for Federal or State office use)  APPROVE APPROVAL, IF ANY:	TITLE	DATE

\*See Instructions on Reverse Side