RECEIVED

UNITED STATES No OIL Color Color States No. 42-R1424

UNITED STATES & OTHER CONTROL COMM	5. LEASE
DEPARTMENT OF THE INTERIOR 602	
GEOLOGICAL SURVEY	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 RECEIVED different reservoir, Use Form 9–331–C for such proposals.)	7. UNIT AGREEMENT NAME  8. FARM OR LEASE NAME
1. oil gas ryk	Yates Federal
well gas XK other JIN 28 '89	9. WELL NO.
2. NAME OF OPERATOR	4
TXO Production Corp. J	10. FIELD OR WILDCAT NAME  F. Burton Flat (2014) (2014)
3. ADDRESS OF OPERATOR  415 W. Wall, Ste. 900, Midland, TX 79705.	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA
below.)	Sec. 18, T-20-S, R-29-E
AT SURFACE: 660' FEL & 1980' FNL AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE
AT TOTAL DEPTH:	Eddy NM
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE.	14. API NO.
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	3265' GL
TEST WATER SHUT-OFF	(NOTE: Report results of multiple completion or zone change on Form 9–330.) \
<ol> <li>DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is dimeasured and true vertical depths for all markers and zones pertinents.</li> <li>MI &amp; RU pulling unit. Kill well w/2% KCL. ND wellhe</li> <li>RU wireline. Set CIBP @ 11,220' w/20' cement on top USGS recommendations.</li> <li>Perforate w/3-1/8" gamma gun w/1 JSPF @ 10,446-54', (total 26 holes).</li> <li>TIH w/tbg. &amp; pkr. (Test tbg. to 6000# while TIH). S</li> <li>Swab down tbg. &amp; test perfs.</li> <li>Acidize w/2300 gallons 15% NEA w/clay + silt additi</li> <li>Place well back on production.</li> </ol>	irectionally drilled, give subsurface locations and to this work.)*  (\$\overline{33}\$  ad. NU BOP. TOH w/tbg. & pkr.  Possibly set one more CIBP per  10,482-90', 10,504-08', 10,573-76'  et pkr @ ±10,350'. ND BOP. NU wellhead.
Subsurface Safety Valve: Manu. and Type  18. I hereby certify that the foregoing is true and correct	•
SIGNED TITLE Drlg. Secretary	DATE6/12/89
APPROVED BY CONDITIONS OF APPROVAL, IF WY:	DATE 6/12/89  DATE 27  DATE 1000

\*See Instructions on Reverse Side