

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)
Artesia, NM 88210

Form approved.
Budget Bureau No. 42-R1424

c/sf

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED BY FEB 24 1986 ARTESIA, OFFICE	5. LEASE DESIGNATION AND SERIAL NO. NM 0560289
2. NAME OF OPERATOR Monsanto Oil Company ✓			6. IF INDIAN, ALLOTTEE OR TRIBE NAME na
3. ADDRESS OF OPERATOR 1300 One First City Center, Midland, Texas 79701			7. UNIT AGREEMENT NAME Burton Flat Deep Unit No. 14-08-0001-12391
4. LOCATION OF WELL (Report location clearly and in accordance with any State laws. See also space 17 below.) At surface 1980' FSL 1980' FWL Sec. 3-21S-27E			8. FARM OR LEASE NAME Burton Flat Deep Unit
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3201' GL	9. WELL NO. 16
			10. FIELD AND POOL, OR WILDCAT Wildcat Delaware
			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 3-21S-27E
			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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Spud & surf. csg. & cmtng <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(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.)

12/26/83 - Spud well @ 5:30 pm, 17 1/2" hole.
12/28/83 - Drilled to total depth of 610' and set 15 joints 13 3/8" K-55 68# ST&C casing set at 609' and cemented w/450 sx Class "C" w/1/4# flo seal & 2% cacl, tailed in w/150 sx Class "C" w/2% cacl, cemented to surface - WOC 24 hrs. & tested with 600 psi for 30 min., held OK.

ACCEPTED FOR RECORD

gwd
FEB 20 1986

CARLSBAD, NEW MEXICO

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

SIGNED *[Signature]*

TITLE Regional Prod. Manager

DATE 02/11/86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: