Form IN OIL CONS. COMMISSION (May Breater DD UN' ED STATES SUBMIT IN TRIP: TE- (May Breater DD DEPARTMEN, OF THE INTERIOR Verse side) Artosia, IM GEOLOGICAL SURVEY		Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND BERIAL NO. NM 0560289
SUNDRY NOTICES AND REPORTS O (Do not use this form for proposals to drill or to deepen or plug bac Use "APPLICATION FOR PERMIT—" for such prop	k to a different reservoir	6. IF INDIAN, ALLOTTEE OR TRIBE NAME NA
I. OIL GAS WELL OTHER 2. NAME OF OPERATOR	RECEIVED BY	BurtonkeFlat Deep Unit No. 14-08-0001-12391 8. FARM OR LEASE NAME
Monsanto Oil Company	FEB 24 1986	Burton Flat Deep Unit 9. WELL NO.
1300 One First City Center, Midland, Texas 4. LOCATION OF WELL (Report location clearly and in accordance with any si See also space 17 below.) At surface 1980' FSL 1980' FWL Sec. 3-21S-27E	ate redistastas OFFICE	16 10. FIELD AND POOL, OR WILDCAT Wildcat Delaware 11. SEC., T., B., M., OR BLK, AND
		Sec. 3-21S-27E
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, R 3201'	GL	12. COUNTY OF PARISH 13. STATE Eddy NM
16. Check Appropriate Box To Indicate Nation To:		ther Data
TEST WATER SHUT-OFF PCLL OR ALTER CASING FRACTURE TREAT MULTIPLE COMPLETE SHOOT OR ACIDIZE ABANDON* REPAIR WELL CHANGE PLANS (Other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent of proposed work. If well is directionally drilled, give subsurface location nent to this work.)*	(NOTE : Report results Completion or Recomple	REPAIRING WELL ALTERING CASING ABANDONMENT* & prod. cSg, cmt X of multiple completion on Well etion Report and Log form.) including estimated date of starting any i depths for all markers and zones perti-
<pre>1/1/84 - Drilled to 2500', 12 1/4" hole, ram</pre>	10#/sx slt, 1/4# fl	ocele + 200 sx Class "C"
<pre>1/11/84- Drilled to 5500', 7 7/8" hole, ran set at 5500', cemented w/700 sx Cla top of cement at 2000' from surface for 30 min. held OK.</pre>	ass "C" 50/50 pos w/	6# slt. 3/10 of 1% CFR II/sx.
ACCEPTED FOR RECORD		· . ·
FEB 20 1986		
CARLSBAD, NEW MEXICO	r	
18. I hereby certify that the foregoing is true and correct SIGNED TITLE Regi	ional Prod. Manager	DATE 02/11/86
(This space for Federal or State office use) APPROVED BY		DATE

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*See Instructions on Reverse Side

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