

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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CONSERVATION DIVISION

RECEIVED BY
NEW MEXICO 87501

FEB 19 1985

O. C. D.

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease	
State ☒	Fee ☐
5. State Oil & Gas Lease No.	
L-3568	

SUNDY 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 -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. Unit Agreement Name NO 14-08-0001-12391 Burton Flat Deep Unit
2. Name of Operator MONSANTO OIL COMPANY ✓	8. Farm or Lease Name Burton Flat Deep Unit
3. Address of Operator 1300 One First City Center, Midland, Texas 79701	9. Well No. 37
4. Location of Well UNIT LETTER <u>R2</u> 1980 FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE, SECTION <u>2</u> TOWNSHIP <u>21 S</u> RANGE <u>27 E</u> NMPM.	10. Field and Pool, or Wildcat Undesignated - Delaware
15. Elevation (Show whether DF, RT, GR, etc.) 3212' GR	12. County Eddy

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	OTHER ☐

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

11/18/84 Drilg. 7 7/8" hole to 5650' & set 5 1/2" 15.5# csg @ 5412' cmt w/750 sx cmt. WOC 18 hrs pressured up 600# held 30 min.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNED <u>[Signature]</u>	TITLE <u>Regional Prod. Manager</u>	DATE <u>2/11/85</u>	
Original Signed By <u>Leslie A. Clements</u> Supervisor District II		TITLE _____	DATE <u>FEB 19 1985</u>
APPROVED BY _____			
CONDITIONS OF APPROVAL, IF ANY:			