Submit 3 Copies to Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources Department		Perm C-163
DISTRICT I P.O. Box 1980, Hobbs, NM 8824 0	OIL CONSERVATION DIVISION P.O. Box 2088 RECEIVED Santa Fe, New Mexico 87504-2088		WELL API NO.
DISTRICT II			30-015-27881
P.O. Drawer DD, Artesia, NM \$8210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM \$7410		S. Indicate Type of Lases STATE STATE	
		WAY SO.3	6. State Oil & Gas Lease No. VB0240
(DO NOT USE THIS FORM FOR PRO DIFFERENT RESER (FORM C	CES AND REPORTS ON WEL POSALS TO DRILL OR TO DEEPEN IVOIR. USE "APPLICATION FOR PEI 101) FOR SUCH PROPOSALS.)	OR PLUG BACKETO A	7. Lasse Name or Unit Agreement Name
1. Type of Well: OIL OAS OTHER DRY HOLE			STATE 28
2. Name of Operator			8. Weil No.
LANKFORD OIL COMPANY 3. Address of Operator		2	
	D, TX 79702		9. Pool name or Wildow BURTON-YATES, SOUTH POOL
Unit Letter <u>B</u> : <u>660</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>EAST</u> Line			
20	200		
Section 28 Township 20S Range 28E NMPM EDDY County			
	3226	<u></u>	
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF			
	ENTION TO:	SUB	SEQUENT REPORT OF:
		REMEDIAL WORK	ALTERING CASING
	CHANGE PLANS	COMMENCE DRILLING	
PULL OR ALTER CASING		CASING TEST AND CE	IMENT JOB
OTHER:	🛛	OTHER:	
12. 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.			
Received verbal permission from Mr. Mike Stubblefield on 5-04-94 to plug & abandon.			
 Circulated hole W/10# salt gel mud. Set 25 sack plug from 725' to 625' Class "C" W/2% CACL. Set 35 sack plug from 400' Class "C" W/3% CACL. WOC 2 hr. Tagged cement @ 306' witnessed by Mr. Ray Smith. Set 10 sack plug in top. Placed dry hole marker. Left 345' of 8 5/8" casing in hole. 			
Rig released @ 12:30	PM 5-05-94.		• • • • • •
I hereby certify that the information above is true	and complete to the last of my knowledge and b	der. OPERATOR	05/19/94
SIGNATURE	Mu por mu		DATE 03/ 19/ 94
TYPE OR PRINT NAME B. BERNAF	RD LANKFORD, JR.		TELEPHONE NO. (915)682-6386
(This space for State Use)			
APTROVED BY	mu	l	DATE
CONDITIONS OF AFTERVAL, F ANY:			