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(June 1990) DEPARTMEN BUREAU OF	TED STATES NT OF THE INTERIOR LAND MANAGEMENT	ARTESIA, NM 80	Budget Bureau No. 10 Expires: March 31 5. Lease Designation and Se LC-029339-B	04-0135 , 1993 rial No.
Do not use this form for proposals to de	AND REPORTS ON WELLS ill or to deepen or reentry to a diff R PERMIT—" for such proposals	erent reservoir.	6. If Indian, Allottee or Trib	•
SUBMIT IN TRIPLICATE			7. If Unit or CA, Agreement Designation	
1. Type of Well Oil Gas Well Well Other			8. Well Name and No.	
2. Name of Operator			Meridian "1" Fe 9. API Well No.	<u>deral # 1</u>
BURNS OPERATING COMPANY	(Rex Armstrong)			
<sup>3</sup> Address and Telephone No. P.O. BOX 97525 WICHITA FALLS, TEXAS 76307 Ph. 817-322-5426			10. Field and Pool, or Exploratory Area	
4. Location of Well (Footage, Sec., T., R., M., or Survey D 1745' FNL & 477' FEL SEC. 1	T17S-R30E Eddy Co. New Mo	exico	<u>Wildat-Devonia</u> 11. County or Parish, State Eddy Co. New M	exico
12. CHECK APPROPRIATE BOX	s) TO INDICATE NATURE OF N	IOTICE, REPORT	, OR OTHER DAT	A
TYPE OF SUBMISSION	TYPE OF ACTION			
X Notice of Intent	Abandonment Recompletion		Change of Plans	
Subsequent Report	Plugging Back		Non-Routine Fracturing	1
Final Abandonment Notice	Casing Repair  Altering Casing  Other		Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well	
<ul> <li>13. Describe Proposed or Completed Operations (citally and a give subsurface locations and measured and true vertice.</li> <li>1. Request approval to alte N-80 32# &amp; 24# ST&amp;C casi</li> <li>2. Request approval to redu</li> </ul>	r casing design from 0-460 ng instead of the 9 5/8" .	DO'. Run 4600' J-55 & N-80 36	)∦ & 40∦ •	
				••• 
	MAY - 6 1996			•
		, (30 %, 9) Al 1, 2		
14. I hereby cortify that the foregoing is true and porrect Signed			04/30/96	
This space for Federal or State office use) (This space of the State of the St		R	5/2/9	96
Title 18 U.S.C. Section 1001, makes it a crime for any person or representations as to any matter within its jurisdiction.	knowingly and willfully to make to any department *See instruction on Reverse Sid		ates any false, fictitious or fra	udulent statements