NO. OF COPIES RECEIVED				•	Supersedes Old
DISTRIBUTION		EVICE OIL CONS	-DVATION COUNISSION		C-102 and C-103 Effective 1-1-65
SANTA FE	- I NE	VEXICO DIL CONSI	ERVATION COMMISSION		Elifetivo 1-1-03
FILE				50	. Indicate Type of Lease
U.S.G.S.		•			State X Fee.
OPERATOR .				5.	State Oil & Gas Lease No.
					B-8459
(DD NOT USE THIS FORM	SUNDRY NOTICES  A FOR PROPOSALS TO DRILL APPLICATION FOR PERMIT	AND REPORTS ON L OR TO DEEPEN OR PLUG BA -" (FORM C-101) FOR SUC	WELLS ACK TO A DIFFERENT RESERVOIR H PROPOSALS.)		
1.		,	•	7	. Unit Agreement Name
OIL X GAS WELL	OTHER-				, Farm or Lease Name
2. Name of Operator					State D
Burleson & Huff 3. Address of Operator				9	. Well No.
Box 2479, Midland	d. Texas 79702	•			1 2
4. Location of Well				1	0. Field and Pool, or Wildcat
UNIT LETTER	2310	T PROM THE north	LINE AND	FEET FROM	Caprock Queen
	NE, SECTION 27	TOWNSHIP 145	31E	нмрм.	
mmmm	15.	Elevation (Show whether	DF, RT, GR, etc.)	1	2. County
					Lea
16.	Check Appropriate	Box To Indicate N	ature of Notice, Repo	ort or Other	Data
	E OF INTENTION T		subs	EQUENT F	REPORT OF:
				$\overline{}$	_
PERFORM REMEDIAL WORK		PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING
TEMPORARILY ABANDON			COMMENCE DRILLING OPNS.		PLUG AND ABANDONMENT
PULL OR ALTER CASING		CHANGE PLANS	CASING TEST AND CEMENT JQ	* 🗀	
		_	VIHER		
OTHER			· · · · · · · · · · · · · · · · · · ·	inaludina es	timated date of starting any proposed
17. Describe Proposed or Comwork) SEE RULE 1903.	ipleted Operations (Clear	rly state all pertinent deta	its, and give pertinent dates	, the thurng es	timated date of starting any proposed
•	to tomponanily	abandon this wo	all until tertiary	recover'	y can be evaluated
Request approvat	to temporarity	avanuon tiirs we	err diferr cerefully	100000	, can be evaluated
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			•		A second
		٠	•		
		* · · ·			
			of my knowledge and belief.		
18. I hereby certify that the in	formation above is true	and complete to the best	or my knowledge and a second		•
まろわ	De 6		Owner		2-6-79
SIGNED		TITLE			
	Ong. Signed by				FEB 0 1979
APPROVED BY	Lucey Sexion				DATE
CONDITIONS OF APPROVAL	. Diet No. Supra		2/3/19(2.	no)	
	G	ypered	2/3/19/6		
	_				