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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

SUNDRY 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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
2. Name of Operator Green & Michaelson Producing Co.	6. State Oil & Gas Lease No.
3. Address of Operator 314 Building of the Southwest, Midland, Texas 79701	7. Unit Agreement Name
4. Location of Well UNIT LETTER D 990 FEET FROM THE North LINE AND 660 FEET FROM THE West LINE. SECTION 28 TOWNSHIP 16S RANGE 38E N.M.P.M.	8. Farm or Lease Name Burson "A"
	9. Well No. 1
	10. Field and Pool, or Wildcat Wildcat
15. Elevation (State of New Mexico, R.M. 100, 101)	12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REPAIR WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	REWORK CASING <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	TESTING TRY AND CEMENT JOBS <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

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.

- 10-20-71 T.D. 8890. Set 8424' 4½, Cemented w/815 sx. of Halliburton Light plus 250 sx. Class H. Contains 3/4 of 1% CFR-2, Tested casing to 1000# After 12 hrs. Ran temp. survey found top at 4500'.
- 10-24-71 Perforated 4½, 8144 to 8296 w/26 holes.
- 10-26-71 Treated perforation w/1000 gals. of Halliburton Mud Acid. Swabbed back.
- 10-27-71 Treated perforations w/12,000 gals. of 20% CRA acid.
- 10-27-71- Flowing & Swabbing back to clean up.
11-4-71

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Joe D. Ramey TITLE **Vice President**

DATE **11-4-71**

Orig. Signed by

Joe D. Ramey

Dist. 1, Supv.

APPROVED BY _____ TITLE _____

DATE **NOV 8 1971**

CONDITIONS OF APPROVAL, IF ANY: