Form 9-331 (May 1963)

16.

FD STATES SUBMIT IN TRIP: OF THE INTERIOR (Other instructions verse side) UNITED STATES **DEPARTME!**

OPY TO O G G

Form approved. Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

| | NM-39 | 286 7,yy | 10392867 |
|----|------------|---------------------|---------------|
| 6. | IF INDIAN, | ALLOTTEE | OR TRIBE NAME |

| | GEOL | OGICAL | . SURVEY | | |
|--------|---------|--------|----------|----|-------|
| SUNDRY | NOTICES | AND | REPORTS | ON | WELLS |

| (Do not use this form for propos: Use "APPLICA | als to drill or to deepen or plug back to a different reservoir. TION FOR PERMIT—" for such proposals.) | | |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------|
| 1. | | 7. UNIT AGREEMENT | NAME |
| WELL GAS THER | | | |
| 2. NAME OF OPERATOR | | 8. FARM OR LEASE N | AME |
| Lewis B. Burleson, Inc. | <u></u> | Cinco de May | o_Fed |
| 3. ADDRESS OF OPERATOR | | 9. WELL NO. | |
| Box 2479, Midland, Texa | as 79702 | 1 | |
| LOCATION OF WELL (Report location of See also space 17 below.) At surface | early and in accordance with any State requirements.* | Shinnery Qu | |
| 1980 FWL & 660 FNL Sec. | 24, T-18-S, R-32-E | 11. SEC., T., R., M., O SURVEY OF AB SEC. 24, T | EA |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | 12. COUNTY OR PARI | SH 13. STATE |
| ••• | | Lea | NM |

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

| NOTICE OF INTENTION TO: | | | SUBSEQUENT REPORT OF: | | | | |
|-------------------------|--|----------------------|-----------------------|-----------------------|------------------|------------------------------------------|----------|
| TEST WATER SHUT-OFF | | PULL OR ALTER CASING | | WATER SHUT-OFF | | REPAIRING WELL | |
| FRACTURE TREAT | | MULTIPLE COMPLETE | | FRACTURE TREATMENT | | ALTERING CASING | |
| SHOOT OR ACIDIZE | | ABANDON* | | SHOOTING OR ACIDIZING | | ABANDONMENT* | |
| REPAIR WELL | | CHANGE PLANS | | (Other) | ulta of multiple | a completion on Wel | <u> </u> |
| (Other) | | change operator | Χ. | Completion or Reco | mpletion Repor | e completion on Wel rt and Log form.) | • |

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) •

Change name of operator from Burleson & Huff to Lewis B. Burleson, Inc.

KEGEIVED

MAR 28 1979

U. S. GEOLOGICAL SURVEY HOBBS, NEW MEXICO

| I hereby certify that the foregoing is true and considered | rect Pro | duction Clerk | 20040 | 3-28-79 |
|------------------------------------------------------------|-------------------|-----------------------------|-----------------|---------|
| (This space for Federal or State office use) | THE | COUNTED | FOR RECORDATE | |
| APPROVED BY | TITLE | | | |
| | | MA' on Reverse Side OBB' | DLOGICAL SURVEY | |
| | *See Instructions | on Reverse Side OBB | S, NEW | |