

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLIC.
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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—" for such proposals.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Lewis B. Burleson, Inc.

3. ADDRESS OF OPERATOR

P. O. Box 2479 Midland, TX 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

1650/811980/w Unit K

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, RT, GR, etc.)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Anadarko Fed.

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Querecho Plains (Qn) Assoc.

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

21 - 18S - 32E

12. COUNTY OR PARISH

Lea

13. STATE

NM

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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.)

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

We are preparing our engineering study of abandonment to see if any casing, etc. can be salvaged. Specific P & A proposals will follow.

RECEIVED

FEB 25 8 22 AM '91

CARL
AREA
HOBBS

RECEIVED
FEB 21 12 06 PM '91
BUREAU OF LAND MGMT.
HOBBS, NM.

18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE Vice-President

DATE 2-20-91

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side