Ferm 9-331 (May 1963)	DEPART	UN: TD STA		SUBMIT IN COther instru			proved. Bureau No. 42-R1424 FION AND SERIAL NO.
	DRY NOT	GEOLOGICAL S	EPORTS O			SLUP 30060	04-SLU-17 OTTEE OR TRIBE NAME
i. OIL GAS [Orm for propo Use "APPLIC	sals to drill or to de ATION FOR PERMI	eepen or plug ba	ck to a different reposals.)	servoir.	7. UNIT AGREEMEN	T NAME
2. NAME OF OPERATOR Burleson & Huff	JOTHER	Dry		3.1	1975	8. FARM OR LEASE	NAME
P. O. Box 935, M 4. Location of well (Re See also space 17 below At surface	port location	[exas 7970] clearly and in accord	ance with any S	OLOG tate requirements.	NCAL SURT	9. WELL NO.	L, OR WILDCAT
1980 feet from the west and 660 feet from the north lines of Section 34, T-18-S, R-32-E						11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 34, T18S, R32E	
14. PERMIT NO.		15. ELEVATIONS (S	how whether DF, 1	RT, GR. etc.)		12. COUNTY OF PA	-
			372	8 KB		Lea	N
16.	Check A	ppropriate Box T	o Indicate No	iture of Notice,	Report, or O	ther Data	
POSTOR OF TAMENATOR NO.						CUENT REPORT OF:	
FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) 17. DESCRIBE PROPOSED OR DPOPOSED WORK, If		PULL OR ALTER CASI MULTIPLE COMPLETE ABANDON* CHANGE PLANS		Completi	ACIDIZING Report results of ion or Recomple	ALTERIN ABANDOR of multiple complete	ion on Well
proposed work. If ment to this work.)* This well was plu	is uncer	many armea, give a	dustriace locatio	ns and measured a	na true verticai	depths for all mar	kers and zones perti
25 sx plug @ 3000 25 sx plug @ base Cut 4½" casing @ Placed 35 sx plug 35 sx plug at top 35 sx plug @ base 10 sx plug in top Mud will be place	e of salt 2807 and I in and O of salt e of surf O of surf	@ 2550' to recovered 2 out of stub from 1195 t ace pipe @ 4 ace pipe wit	2310.73'. @ 2307' to 1295' !93-393'.	iate marker.			
We are waitin g fo location c an pass	or recomm s inspect	endations co ion for fina	l approva	final clean l. A 9-2			so this
18. I hereby certify that the	he foregoing is	true and correct					
SIGNED		1	TITLE CO-)wner		A 78 10	-6-75
(This space for Federa	l or State offi	ce use)		- 105	PONON	XX	
CONDITIONS OF APP	ROVAL, IF A	NY:	TITLE	- \ AP	2 19	76 (PAMAX)	

*See Instructions on Reverse SideAKITIUR R. BROWN
DISTRICT ENGINEER

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