

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPL  
(Other instructions  
verse side)Form approved.  
Budget Bureau No. 42-R1424.

## 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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. <b>NM-4222 4609</b>
2. NAME OF OPERATOR <b>BURLESON and HUFF</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <b>P.O.Box 935 - Midland, Texas 79701</b>		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>330' from East &amp; 1650' from the South</b>		8. FARM OR LEASE NAME <b>Anadarko "A"</b>
14. PERMIT NO.		9. WELL NO. <b>1</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>3721 GR</b>		10. FIELD AND POOL, OR WILDCAT <b>Querecho Plains-Queen</b>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Section 28 T-18-S, R-32-E</b>
		12. COUNTY OR PARISH <b>Lea</b>
		13. STATE <b>N.M.</b>

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

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input checked="" type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input checked="" type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)			

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report 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.)\*

Perf middle Queen 14 shots from 4003'-422 4017'. Acidize w/1000 gal; frac/d w/7600 gal water & 15,200# sand. Swabbed; did not recover load. Set bridge plug @ 3950 w/2 sx cement on top. Perf 7 shots from 3985' to 3997'. Acidize w/1000 gal; frac w/10,000 gal water, 19,500# sand. Swab; did not recover load. Prep to abandon.

We will secure your approval on procedure as to how this well should be plugged and abandoned. This work will be done sometime during the next two (2) months.

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

SIGNED

TITLE

Partner

DATE 3-14-1975

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

ACCEPTED FOR RECORD

MAR 17 1975

U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO