

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
P.O. Box 1000  
DENVER, NEW MEXICO 80240

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

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.)

1. ☐ OIL WELL ☐ GAS WELL ☒ OTHER Injection

2. NAME OF OPERATOR LEWIS B. BURLESON, INC.

3. ADDRESS OF OPERATOR P. O. Box 2479 - Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also Space 17 below.)  
At surface: 990' FSL & 1650' FWL, Unit N

14. PERMIT NO. \_\_\_\_\_ 15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3720 GR

5. LEASE DESIGNATION AND SERIAL NO. NM-6863

6. IF INDIAN, ALLOTTEE OR TRIBE NAME \_\_\_\_\_

7. UNIT AGREEMENT NAME \_\_\_\_\_

8. FARM OR LEASE NAME Anadarko Fed.

9. WELL NO. 6

10. FIELD AND POOL, OR WILDCAT Querecho Plains (Qn.)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
27 T-18-S, R-32-E

12. COUNTY OR PARISH Lea 13. STATE N.M.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	

(Other) test casing

(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.)

We plan to put this well back on active injection; therefore, we need to test the casing for packer leakage. We will notify you 24-hours in advance.

Original to  
State Approval  
by State

SEP 11 10 49 AM '87  
COAL  
AREA

RECEIVED

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

SIGNED Steve Burleson TITLE Vice President DATE Sept. 10, 1987

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

\*See Instructions on Reverse Side