



STATE OF NEW MEXICO  
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT  
OIL CONSERVATION DIVISION  
HOBBS DISTRICT OFFICE

BRUCE KING  
GOVERNOR

May 29, 1991

POST OFFICE BOX 1980  
HOBBS, NEW MEXICO 88241-1980  
(505) 393-6161

Lewis B. Burleson Inc.  
P.O. Box 2479  
Midland, TX 79702

Attn: Steve Burleson

Re: Request for TA Approval  
Ascarte D-24 #1-J Sec. 24, T25S, R36E  
Farney #3-A Sec. 5, T23S, R36E  
Farney A-5 #2 Sec. 5, T23S, R36E

Gentlemen:

We are returning Form C-103 submitted to this office requesting approval of TA status for the above-referenced wells.

These are "federal" wells and this approval must be obtained from the BLM. It is noted that they all have CIBP's set and I feel sure the ones that were TA's in 1986 will have to be retested. The Ascarte D-24 was done in 1988 and it will be up to the BLM to advise you whether you will have to retest this well.

Very truly yours,

OIL CONSERVATION DIVISION

Jerry Sexton  
Supervisor, District I

ed

*CC. Jan*

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.

5. Indicate Type of Lease

Fed ☒ STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

**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"  
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:

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. Well Location

Unit Letter A : 660 Feet From The North Line and 660 Feet From The East Line

Section 5 Township 23-S Range 36-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

NA

7. Lease Name or Unit Agreement Name

Farney A-5

8. Well No. 3

9. Pool name or Wildcat

Jalmat Yates Gas

11.

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

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Temporary abandon ☒

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

See attached Sundry Notice of work performed. We request this well to be classified as TA.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

*Wayne Jarvis*

TITLE

Superintendent

DATE

5-24-91

TYPE OR PRINT NAME

Wayne Jarvis

TELEPHONE NO. 915/683-4747

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

MAY 28 1991

101-1-0146  
HOBBS OFFICE

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OPERATOR'S COPY  
SUBMIT IN TRI/ (Other instructio.  
verse side)

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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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME NMFU
2. NAME OF OPERATOR CONOCO INC.	8. FARM OR LEASE NAME Farney A-5
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	9. WELL NO. 3
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit A	10. FIELD AND POOL, OR WILDCAT Jalmit Yates Gas
14. PERMIT NO. 660' FNL & 660' FEL 30-025-09264	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 5-T235-R36E
15. ELEVATIONS (Show whether DF, ST, GR, etc.)	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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

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

(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.)\*

MIRU on 8/21/85. set CIBP @ 3200', Press. test CSG 500psi. Held OK. Rig down on 8/26/85.

APPROVED FOR 12 MONTH PERIOD  
ENDING 10/4/86

0070-0-1005

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

SIGNED <u>Ken L. Ugel</u>	TITLE <u>Administrative Supervisor</u>	DATE <u>9-25-85</u>
(This space for Federal or State office use)		
APPROVED BY <u>Charles J. Sahler</u>	TITLE <u>CARLSBAD REGION</u>	DATE <u>10-7-85</u>
CONDITIONS OF APPROVAL, IF ANY:		

\*See Instructions on Reverse Side