	G TED STA	ATES N. N.	to the bound of the state of the	ATE*	Pridget Bereige No- nepuros Augusta d	13.00	
:	LEPARIMENT OF THE	al in Herbius	iv pater saga . Ralivy (AEXIC O 88 2		es de designation and 2-030557 (A)	· Herit A	
4 e	Y NOTICES AND F	REPORIS ON	WELLS to a different pesson dr	6 1	E INDIAN, ALLOTTER OF	CTRIBE NAME	
	AND AND REPORTS	they can be $A(x)$ being $A(x) = A(x)$ being $A(x) = A(x)$ being $A(x) = A(x)$	ants (7. 4	NIC AGREEWENT NAME		
× × ×	X→ 20 S			, -	ARM OR LEASE NAME		
3 vic				į	arney A-5	5 5 5	
Lewis B. I	Burleson, Inc.			9. 🕏	BLL NO.	333	
P.O. Box 2479 Midland, Texas 79702 y. and the control of the proceedings of the control of the					10. FIELD AND POOL OR WILDCAT ACC. 1716.C. Ta. T., E., M., OR BLE. AND SURVEY OR ARMA		
Unit B, 60	60' FNL & 1650' F	EL		Sec	c. 5, T-23-	S, R-36-E	
14. PERMIT NO	15 ELEVATIONS (Show whether DF, RT	, GR. etc.)	12.	COUNTY OR PARISH 1	3. STATE	
30-025-092	55				Lea	NM	
16.	Check Appropriate Box	To Indicate Nat	ure of Notice, Report,	, or Other	Data		
•	NOTICE OF INTENTION TO:		8	UBSEQUENT I	EPORT OF:	 1	
TEST WATER SHUT-O	· }		WATER SHUT-OFF		REPAIRING WEL		
FRACTURE TREAT SHOOT OR ACIDIZE	MULTIPLE COMPLET ABANDON®	TE.	FRACTURE TREATMENT SHOOTING OR ACIDIZIN		ABANDONMENT*	``	
REPAIR WELL	CHANGE PLANS		(Other) Report		nitipie completion on	Well	
(Other)	COMPLETED OPERATIONS (Clearly 8	tuto all portingut d	Completion or R	ecompletion	Report and Log form.	f eterting any	
proposed work. If nent to this work.)	well is directionally drilled, give	subsurface location	s and measured and true	vertical dep	ths for all markers at	d sones perti-	
10/8/87 Perf 36 10/9/87 Re-acid retaine: w/39 sho	ock out BP at 360 51-3656 w/24. Ac ized and communic r at 3640. Squee ots. Acidized w/ on gas connection	idized new ated to ho zed 100 sx 1500 gals.	w perfs w/500 ole up the cas c into perfs. c 15% NEFE.	gal 15	: 3448. Seed 3331-345		
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19 I horoby cartify that	the foregoing is true and correct						
SIGNED SIGNED	Mul		ce-President		DATE 3/4/88	3	
	eral or State office use)	<u></u>					
		TITLE	· · ·		DATE		
CONDITIONS OF A	PPROVAL, IF ANY:						
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*See Instructions on Reverse Side

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