

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

FORM 9-331
SUBMIT IN TR
(Other instructi
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

10 NM 28052

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Donna Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Jalmat

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 22, T-24-S, R-36-E

12. COUNTY OR PARISH

Lea

N.M.

1. 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. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

990' FSL and 330' FEL of Section 22

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3352 DF

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) OWWO

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

Old well work over - drill plugs and opened hole to 3550'. Set Cast Iron Bridge Plug with cement cap at 3550' and perforated Yates and Seven Rivers from 3357' to 3421', acidized with 1500 gallons of acid and put on pump to test. Making water and small amount of oil. Testing.

RECEIVED
JUN 29 3 31 PM '83
BUR OF LAND MGMT
ROS WELL DISTRICT

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

SIGNED

TITLE President

DATE 6-20-83

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE
ACCEPTED FOR RECORD

*See Instructions on Reverse Side

SEP 13 1983

RECEIVED
SEP 19 1983
O.C.D.
HOBBS OFFICE