

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

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

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

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

WELL API NO. 30-025-30625
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B11301
7. Lease Name or Unit Agreement Name New Mexico Z State
8. Well No. 5
9. Pool name or Wildcat Langlie Mattix SR-QN-GB
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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, Texas 79702

4. Well Location  
Unit Letter B : 330 Feet From The North Line and 1750 Feet From The East Line  
Section 2 Township 24-South Range 36-East NMPM Lea County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>
	OTHER: <input type="checkbox"/>

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.

7/3/89 Ran 31 joints 8-5/8" 23# casing Set at 1325  
Cmt w/500 sx Class C 4% gel 2% Calcium Chloride  
200 sx Class C 2% Calcium Chloride  
7/10/89 Ran 108 joints 5-1/2" 14# casing Set at 3700'  
Cemented with 350 sx. Class C 50/50 Poz w/5# salt per sack  
WOC 12 hours *→ men WOC hrs*  
Tested surface casing to 2000# before drilling out

I hereby certify that the information above is true and complete to the best of my knowledge and belief.  
SIGNATURE *Steven L. Burleson* TITLE Vice-President DATE 8/2/89  
TYPE OR PRINT NAME Steven L. Burleson TELEPHONE NO. 915/ 683-4747

(This space for State Use)  
ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

AUG 4 1989