

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLI  
(Other instructions  
verse side)

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-032651 (D)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Ascarte D-24

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Jalmat (T-Yts-7R)

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

24, T-25-S, R-~~27~~<sup>36</sup>-E

12. COUNTY OR PARISH

Lea

13. STATE

N.M.

1. WELL TYPE  
WELL  COM. WELL  OTHER

2. NAME OF OPERATOR

Lewis B. Burleson, Inc.

3. ADDRESS OF OPERATOR

P. O. Box 2479 Midland, Texas 79702

(Report location clearly and in accordance with any State requirements.  
See also space 11 below.)  
At surface

Unit J, 1980 FLS & 1980 FEL

14. PERMIT NO.

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

3130 GR

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON\*

SHOOTING OR ACIDIZING

ABANDONMENT\*

REPAIR WELL

CHANGE PLANS

(Other)

(Other) Test for 1 yr. T.A.

(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 set a CIBP at 2900' and test the casing to 500#. If the casing holds, we plan to temporarily abandon this well. If there is a hole in the casing, we will file to P&A.

We will give 24 hours notice prior to test.

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

SIGNED

TITLE

Vice President

DATE

3/11/88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

4-26-88

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

**RECEIVED**

APR 27 1988

CCO  
MOBILITY OFFICE