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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease
State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

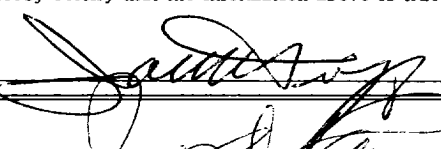
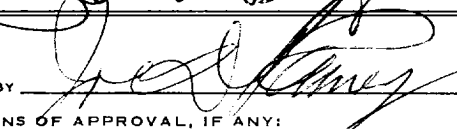
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator <b>Burleson &amp; Huff</b>	8. Farm or Lease Name <b>Saunders Estate</b>
3. Address of Operator <b>P. O. Box 935</b>	9. Well No. <b>1</b>
4. Location of Well UNIT LETTER <b>E</b> , <b>1980</b> FEET FROM THE <b>north</b> LINE AND <b>660</b> FEET FROM THE <b>west</b> LINE, SECTION <b>28</b> TOWNSHIP <b>25-S</b> RANGE <b>37-E</b> NMPM.	10. Field and Pool, or Wildcat <b>Jalmit - Yates</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3030' GR</b>	12. County <b>Lea</b>

16. 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 checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>

17. 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.

Cleaned out to T. D. of 2463' and ran Bottom Hole Pressure Test. Tested well for potential as shown on accompanying Form C-122.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED 	TITLE <b>Partner</b>	DATE <b>9-24-69</b>
APPROVED BY 	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		