

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

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

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

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

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

WELL API NO.

30-025-11876

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. 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. Type of Well:

OIL  
WELL ☒

GAS  
WELL ☐

OTHER

2. Name of Operator

Lewis B. Burleson, Inc. 13300

3. Address of Operator

PO Box 2479, Midland TX 79702

4. Well Location

Unit Letter H : 1650 Feet From The North Line and 330 Feet From The East Line

Section 33 Township 25S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3008' GR

11.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☒

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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.

1. Set 7" <sup>tubing open ended</sup> cement ~~retainer~~ @ 950'. Squeeze 450 sx Class C Cmt. This is a volume to include 25 sx into Queen formation. Test after 4 hrs. & recement if necessary.
2. Perforate 7" csg @ 350'. Squeeze 50 sx cmt to have plug in & out.
3. Set 10 sx surface plug.
4. Install marker.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

*Wayne Jones*

TITLE

Superintendent

DATE

9-9-94

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

DISTRICT I SUPERVISOR

APPROVED BY

*Jerry Lopez*

TITLE

DATE

SEP 12 1994

CONDITIONS OF APPROVAL, IF ANY: