NO. OF COPIES RECEIVED		Form C-103
DISTRIBUTION		Supersedes Old C•102 and C-103
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE		
U.S.G.S.		5a. Indicate Type of Lease
LAND OFFICE		State Fee X
OPERATCR		5. State Cil & Gas Leuse No.
SUNDRY	Y NOTICES AND REPORTS ON WELLS posais to calle or to defen of plug back to a different reservoir. On for premit with form of 1000 for such foropotate.	
DO NOT USE THIS FORM FOR FROP USE "APPLICATION"	POSALS TO CPILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. ON FOR PERMIT — "" FORM C-1011 FOR SUCH PROPOSALS."	
I. OIL X GAS WELL X	OTHER-	7, Unit Agreement Name
2. Name of Operator		8. Farm or Lease Name
Burleson & Huff		Dabbs
2. Address of Cperator		9. Well No.
P. O. Box 2479, Midland,	Texas 79701	i I
 Location of Web 		10. Field and Fool, or Wildont
С	330 FEET FROM THE North LINE AND 2310 FEET FR	Langlie Mattix
		- ^ / / / / / / / / / / / / / / / / / /
THE West LINE, SECTIO	N 35 25-South 37-East	** ()))))))))))))))))))))))))))))))))))
	15. Elevation (Show whether DF, RT, GR, etc.) 3021 DF	12. County Lea
16. Check A	Appropriate Box To Indicate Nature of Notice. Report or C	Other Data
NOTICE OF IN	ITENTION TO: SUBSEQUE	NT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING CONS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JQB	
	OTHER	
OTHER		
	erations (Clearly state all pertinent details, and give pertinent dates, includi	ing vetine and date of starting any proposed

This well has been temporarily abandoned for many years. We will re-enter well, clean out to old T. D. of 3307', acidize with 500 gallons of regular acid and put well on pump and test from old perforations.

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

51GNED	TITLE	Co-Owner	2-27-76				
		<u>,</u>	ů.				
APPROVED BY	TITLE		DATE				
CONDITIONS OF APPROVAL, IF ANY:							

-	DISTRIBUTION SANTA FE FILE	-	FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65						
1.	U.S.G.S. LAND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS								
	Operator BURLESON and HUFF Address P. O. Box 935 - Midland, Taxas 79741									
	Reason(s) for filing (Check proper box New Well Recompletion Change in Ownership	:) Change in Transporter of: Oil Dry Gr Casinghean Gas Conde	other Please explain) Control operate Autorican Mymit	or from Imperial . Co. to Burleson						
	if change of ownership give name and address of previous owner	Imporial American M	lanagement Co., Housto	on, Toxas						
	DESCRIPTION OF WELL AND Lease Name	LEASE Well Nov, Pool Name, Including F	ormation Kind of Lease	Lease Nc.						
-	DABBS Location Unit Letter C : 2	<u> </u>	ine and <u>271</u> Feet From T	<u> </u>						
			27 ! NASTM,	County						
111 . 1	DESIGNATION OF TRANSPOR Neme of Authorized Transporter of Of	TER OF OIL AND NATURAL GA	AS Address (Give address to which approve	ed copy of this form is to be sent)						
ŀ	Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)							
	If well produces oil or liquids, give location of tanks.	Unit Sea Twp. Age.	is gas initially monnected? When							
	f this production is commingled wi COMPLETION DATA Designate Type of Completi	th that from any other lease or pool, Ci. Well Gus Wel. on - (X)	give commingling order number:	Plug Back Same Res'v. Diff. Res'v.						
ŀ	Dete Spudded	Date Compl. Feady to Prod.	Total Depth	F.B.T.D.						
ł	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cii/Gas ⊉a	Tubing Depth						
F	Perforations	<u> </u>	· · · · · · · · · · · · · · · · · · ·	Cepth Casing Shoe						
F	HOLE SIZE	TUBING, CASING, ANI CASING & TUBING SIZE	D CEMENTING RECORD DEPTH SET	SACKS CEMENT						
		OR ALLOWABLE (Test must be a oble for this de) fter recovery of total volume of load oil an epth or be for full 24 hours)	nd must be equal to or exceed top allow-						
ſ	OIL WELL Date First New Oil Run To Tanks		Producing Method (Flow, pump, gas lift,	e:c.)						
-	Length of Test	Tubing Pressure	Casing Pressure	Cnoke Size						
	Actual Prod. During Test	Oii-Bble.	Water - Bbis.	Gas - MOF						
- ر	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls, Condensate/MMCF	Gravity of Condensate						
ŀ	Teeting Method (pitot, back pr.)	Tubing Pressure (Shnt-in)	Casing Pressure (Shut-in)	Choke Size						
_ VI. (CERTIFICATE OF COMPLIAN	 CE	DIL CONSERVAT							
1	Commission have been complied t	regulations of the Oil Conservation with and that the information given a best of my knowledge and belief.	APPROVED							
-	Partner	ature)	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow- able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition. Sectors Forms C-104 must be filled for each pool in multiply							
-	June 3, 19	tle) 7 = ate)								

	Fill	out	only	Sectio	ons l	I, II.	111	and	VI	for	chang	•• •	f owner,
well	neme	e or	numbe	r, or t	rans	porte	r, or	other	suc	ch cl	hange	ofc	ondition.
	S		Form	· C-1	∩.4 -		h	filad.	fn-		h	1 in	millintu