OCD Artesia

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB NO. 1004-0135 Expires: July 31, 2010

SUNDRY NOTICES AND REPORTS ON WELLS

Lease Serial No. NMNM074939

Do not upo thi					
Do not use thi abandoned wel	6. If Indian, Allottee	6. If Indian, Allottee or Tribe Name			
SUBMIT IN TRI	7. If Unit or CA/Agr	eement, Name and/or No.			
1. Type of Well	8. Well Name and No GISSLER B 75).			
☑ Oil Well ☐ Gas Well ☐ Oth					
2. Name of Operator BURNETT OIL COMPANY IN	9. API Well No. 30-015-39363-	9. API Well No. 30-015-39363-00-S1			
3a. Address 801 CHERRY STREET UNIT FORT WORTH, TX 76102-68	Phone No. (include area code: 817-332-5108 Ext: 63.	e) 10. Field and Pool, o CEDAR LAKE	10. Field and Pool, or Exploratory CEDAR LAKE		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)			11. County or Parish	11. County or Parish, and State	
Sec 12 T17S R30E NWSW 17	EDDY COUNT	EDDY COUNTY, NM			
12. CHECK APPI	ROPRIATE BOX(ES) TO IN	DICATE NATURE OF	NOTICE, REPORT, OR OTHE	ER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION				
☐ Notice of Intent	☐ Acidize	□ Deepen	☐ Production (Start/Resume)	☐ Water Shut-Off	
_	☐ Alter Casing	☐ Fracture Treat	■ Reclamation	■ Well Integrity	
Subsequent Report	☐ Casing Repair	■ New Construction	☐ Recomplete	☐ Other	
☐ Final Abandonment Notice	☐ Change Plans	☐ Plug and Abandon	☐ Temporarily Abandon		
	☐ Convert to Injection	☐ Plug Back	☐ Water Disposal		
determined that the site is ready for f Interim Reclamation was com Disk and Re-seeding was con	inal inspection.) pleted on 8/27/2012. Pad dow		iding reclamation, have been completed	, and the operator has	
Accepted for Record Purposes. Approval Subject to Onsite Inspection If BLM Objectives are not achieved, additional work may be required. NMOCD ARTES: Signature: 4 Company of the control of the contro				site Inspection. ot achieved,	
14. I hereby certify that the foregoing is	s true and correct.	04	-11 - 2 - 4		
		COMPANY INC, sent to t	he Carlsbad	•	
Cor Name (Printed/Typed) LESLIE N	nmitted to AFMSS for processin	* *	1 03/19/2013 (13KMS5565SE) ILATORY COORDINATOR		
Name (Frinted Typed) LESLIE IV	IGARVIS	Title REGU	LATORT COORDINATOR		
Signature (Electronic	Submission)	Date 03/18/	2013		
	THIS SPACE FOR F	EDERAL OR STATE	OFFICE USE		
_Approved By_ACCEPTED		JAMES A TitleSUPERV		Date 03/31/2013	
Conditions of approval, if any, are attache certify that the applicant holds legal or eq which would entitle the applicant to condition	ect lease	Office Carlsbad			
Title 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent	U.S.C. Section 1212, make it a crime statements or representations as to an	e for any person knowingly ar ny matter within its jurisdictio	nd willfully to make to any department on.	or agency of the United	