

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 743-1283
 811 S. First St., Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources
OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 Revised August 1, 2011

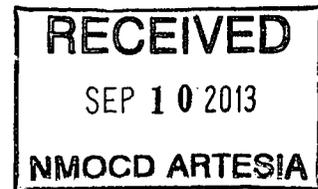
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-015-23807
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Burnett Oil Co. Inc.		6. State Oil & Gas Lease No. Fed Lease NMNM2747
3. Address of Operator Burnett Plaza - Suite 1500, 801 Cherry Street - Unit 9, Fort Worth, TX 76180		7. Lease Name or Unit Agreement Name Jackson B
4. Well Location Unit Letter F : 1980 feet from the North line and 2080 feet from the West line Section 1 Township 17S Range 30E NMPM County Eddy		8. Well Number 33
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 03080
10. Pool name or Wildcat Grayburg San Andres		

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: Well Test <input checked="" type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

9/6/13 - 24 HR Well Test: 3 BO, 94 BW, 1 MCF.



Spud Date: 11/23/1981 Rig Release Date: 11/29/1981

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

SIGNATURE: *Leslie Garvis* TITLE: Regulatory Coordinator DATE: 9/10/13

Type or print name: Leslie Garvis E-mail address: lgarvis@burnettoil.com PHONE: 317-332-5108

For State Use Only

APPROVED BY: *SR Dade* TITLE: Dist # Supervisor DATE: 9/12/2013

Conditions of Approval (if any):