

AUG 10 2015

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD Artesia

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

## SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.

RECEIVED

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Serial No. NMNM074939
2. Name of Operator BURNETT OIL CO. INC.	6. If Indian, Allottee or Tribe Name
Contact: LESLIE GARVIS E-Mail: lgarvis@burnettoil.com	7. If Unit or CA/Agreement, Name and/or No.
3a. Address BURNETT PLAZA - SUITE 1500 801 CHERRY STREET FORT WORTH, TX 76102	8. Well Name and No. GISSLER B 101
3b. Phone No. (include area code) PH 817-382-5081; 326 76102	9. API Well No. 30-015-42226
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 14 T17S R31E Mer NMP SWNW 2630FNL 480FWL	10. Field and Pool, or Exploratory LOCO HILLS GLORIETA YESO
	11. County or Parish, and State EDDY COUNTY, NM

## 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Deepen
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Fracture Treat
	<input type="checkbox"/> Production (Start/Resume)
	<input type="checkbox"/> Reclamation
	<input type="checkbox"/> Recomplete
	<input checked="" type="checkbox"/> Other Well Spud
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Well Integrity
	<input type="checkbox"/> Change Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Temporarily Abandon
	<input type="checkbox"/> Plug and Abandon
	<input type="checkbox"/> Plug Back
	<input type="checkbox"/> Water Disposal
	<input type="checkbox"/> Convert to Injection

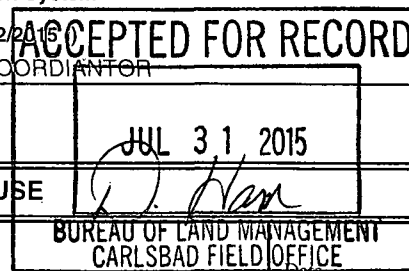
13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleate horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleation in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

10/25/14 - SPUD WELL 10/24/14, 6:30 AM. HOLE SIZE: 14 ??, RN 10 JTS (444') 10.75" 32.75# H-40 STC  
8RD CSG SET @ 437' (FLOAT COL @ 389') 3 CENTRALIZERS 1ST 3 JTS. CMT CSG W/150 SXS (43.8  
BBLs) THIXOTROPIC+1% CACL2 @ 14.2 LB/GAL & 7.78 GAL H2O SX, YIELD 1.64 CUFT SX, FB TAIL 250 SXS (60  
BBLs) PREM + W/2% CACL2 @ 14.8 LB/GAL & 6.39 GAL H2O SX TO YIELD 1.35 CUFT SX. DID NOT CIRC CMT.  
RUN TEMP SURVEY W/ VES WL / TOP CMT 210', TIH W/ 1" PIPE TAG 235' NORTH, SOUTH, EAST, & WEST, PUMP  
50 SK PLUG 14.8#, 3% CACLZ, WOC, TIH W/ 1" PIPE TAG 135' NORTH, SOUTH, EAST, & WEST, PUMP 150 SK  
PLUG 14.8#, 2% CACLZ CIRC 6 BBLs 25 SKS TO PIT WOC - RD CEMENTERS, NOTIFIED RICHARD CARRASCO 14:05  
PM, 10/23/14 INTENT TO SPUD, 11:00 AM 10/24/14 OF CMT JOB, 17:15 10/24/14 OF NOT CIRC CMT, JIM  
HUGHES OF TEMP SURVEY TOP 210'.

Accepted for record

VSD 8/12/15

14. I hereby certify that the foregoing is true and correct.	Electronic Submission #274535 verified by the BLM Well Information System For BURNETT OIL CO. INC., sent to the Carlsbad Committed to AFMSS for processing by DEBORAH HAM on 06/12/2015
Name (Printed/Typed) LESLIE GARVIS	Title REGULATORY COORDINATOR
Signature (Electronic Submission)	Date 10/29/2014
THIS SPACE FOR FEDERAL OR STATE OFFICE USE	
Approved By _____	Title _____
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.	Office _____
Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.	



\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\*