

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTNM OIL CONSERVATION
NMCCD
Artesia
APR 08 2016FORM 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.***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 | | 8. Well Name and No. JACKSON A 50 |
| 2. Name of Operator BURNETT OIL COMPANY INC | | 9. API Well No. 30-015-42212-00-X1 |
| 3a. Address 801 CHERRY STREET UNIT 9 FORT WORTH, TX 76102-6881 | | 10. Field and Pool, or Exploratory CEDAR LAKE |
| 3b. Phone No. (include area code) Ph: 817-332-5108 Ext: 326 | | 11. County or Parish, and State EDDY COUNTY, NM |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 12 T17S R30E SESE 540FSL 775FEL 32.843098 N Lat, 103.918809 W Lon | | |

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 type="checkbox"/> Deepen | <input type="checkbox"/> Production (Start/Resume) | <input type="checkbox"/> Water Shut-Off |
| <input checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Alter Casing | <input type="checkbox"/> Fracture Treat | <input type="checkbox"/> Reclamation | <input type="checkbox"/> Well Integrity |
| <input type="checkbox"/> Final Abandonment Notice | <input type="checkbox"/> Casing Repair | <input type="checkbox"/> New Construction | <input type="checkbox"/> Recomplete | <input checked="" type="checkbox"/> Other |
| | <input type="checkbox"/> Change Plans | <input type="checkbox"/> Plug and Abandon | <input type="checkbox"/> Temporarily Abandon | Drilling Operations |
| | <input type="checkbox"/> Convert to Injection | <input type="checkbox"/> Plug Back | <input type="checkbox"/> Water Disposal | |

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 recompleat 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 recompleat 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.)

11/27/14 - HOLE SIZE: 8 ??, NOTIFIED MICHAEL W/ BLM 7:30 AM, 11/26/14 OF TEST., TEST CSG W/1274 PSI FOR 30 MIN(HELD OK).

12/6/14 - TD: 6,104?. TD WELL @ 4:15 AM, 12-6-14.

12/7/14 - RUN 141 JTS 7", 23#, J-55 LTC CSG 6111' SET @ 6104', FC 6058', MJ #1 @ 4511' 2ND MJ @ 3487', DAVIS LYNCH DV TOOL @ 2611' CMT 1ST STAGE W/600 SXS (140 BBLS) PREM H + .125 LBM POLY FLAKE @ 14.2 LB/GAL & 5.58 GAL H2O SX TO YIELD 1.28 CU/FT SX. CIRC 25 BBLS, 107 SKS CMT TO PITS OFF DVT 1ST STAGE, CMT 2ND STAGE W/1000 SXS (340 BBLS) PREM LITE + 2% CACL2 + .125 LBM POLY FLAKE @ 12.7 LB/GAL & 10.08 GAL H2O SX TO YIELD 1.87 CUFT SX, FB 100 SXS (24 BBLS) PREM PLUS + 2% CACL2 @ 14.8 LB/GAL & 6.39 GAL H2O SX TO YIELD 1.35 CUFT SX. CIRC 111 (252 SKS) 85 BBLS CMT TO PITS. NOTIFIED JOE SALCEDO W/BLM OF RUNNING PROD CSG & 2-STG CMT JOB ON 12-6-14 AT 10:40 A.M.

14. I hereby certify that the foregoing is true and correct.

Electronic Submission #286881 verified by the BLM Well Information System
For BURNETT OIL COMPANY INC, sent to the Carlsbad
Committed to AFMSS for processing by MARISSA KLEIN on 06/24/2015 (15MGK0171SE)

Name (Printed/Typed) LESLIE GARVIS

Title REGULATORY COORDINATOR

Signature (Electronic Submission)

Date 01/06/2015

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.

**** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ****

Additional data for EC transaction #286881 that would not fit on the form

32. Additional remarks, continued

12/8/14 - RR 8:00 PM, 12/7/14