

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved
Budget Bureau No. 1004-0135
Expires August 31, 1985

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—" for such proposals.)

| | | | |
|---|--|--|-----------------|
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection API#30-015-04148 | | 5. LEASE DESIGNATION AND SERIAL NO. NM 074939 | |
| 2. NAME OF OPERATOR Burnett Oil Co., Inc. | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 3. ADDRESS OF OPERATOR 801 Cherry St., Suite 1500, Fort Worth, TX 76102 | | 7. UNIT AGREEMENT NAME Grayburg Jackson (San Andres) Unit [NM 8867] | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit L, 1650' FSL, 330' FWL, Sec. 14, T17S, R30E O. C. D. ARTESIA, OFFICE | | 8. FARM OR LEASE NAME | |
| 14. PERMIT NO. | | 9. WELL NO. 22 | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3693' G.L. | | 10. FIELD AND POOL, OR WILDCAT Grayburg Jackson (7RVS-QN-GB-SA) | |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 14-17S-30E | |
| | | 12. COUNTY OR PARISH Eddy | 13. STATE NM |

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

| | |
|--|---|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANE <input type="checkbox"/> |
| (Other) Shut Well In | |

SUBSEQUENT REPORT OF:

| | |
|--|--|
| WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| (Other) <input type="checkbox"/> | |

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

On November 1, 1988, this water injection well was shut in due to a number of producing Unit wells being shut in because of economics, resulting in a reduction in the barrels of water produced, necessitating a reduction in the number of active injection wells. We request approval to keep this well shut in until such time as economics permit us to resume operations of the shut in producing wells.

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

SIGNED John C. McPhaul TITLE Production Superintendent

DATE 12/20/88

(This space for Federal or State office use)

APPROVED BY Shirley S. Brown
CONDITIONS OF APPROVAL, IF ANY:

For: CHIEF, MINERAL RESOURCES
TITLE

DATE 6-12-89

*See Instructions on Reverse Side