

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO. NM 2747

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME Jackson B TR 2

9. WELL NO. 6

10. FIELD AND POOL, OR WILDCAT Grayburg-Jackson

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 25, T17S, R30E

12. COUNTY OR PARISH Eddy 13. STATE NM

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 GAS WELL OTHER Water Injection Well 30-015-04326

2. NAME OF OPERATOR Burnett Oil Co., Inc.

3. ADDRESS OF OPERATOR 801 Cherry Street, Suite 1500, Fort Worth, TX 76102

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface Unit D, 660'FNL, 660'FWL, Sec. 25, T17S, R30E

14. PERMIT NO. 3727'GR 15. ELEVATIONS (Show whether DF, RT, GR, etc.) ARTESIA, OFFICE

RECEIVED

JUL 03 '89

O. C. D.

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 PLANS <input checked="" type="checkbox"/>

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"/>

(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.)*

This well has been an active injection well since 1964. During a recent tubing repair job, it was noted that there was considerable oil in the hole. In order that this oil not be lost, we request approval to convert this well to a producing oil well until such time as there is no oil being produced, at which time we will resume injection.

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JUN 22 10 50 AM '89
ARTESIA

18. I hereby certify that the foregoing is true and correct
SIGNED John C. McPhaul TITLE Production Superintendent DATE 6/19/89

(This space for Federal or State office use)

APPROVED BY [Signature] FOR: OWNER, MINERAL RESOURCES DATE 6.30.89

Conditions of Approval, if any:
Subject to
Lands Approval
by State

*See Instructions on Reverse Side

