

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI  
(Other instructions  
verse side)

RECEIVED BY  
Approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985  
JUN 03 1985  
NM 2748  
O. C. D.  
ARTESIA, OFFICE

45F

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		2. NAME OF OPERATOR Burnett Oil Co., Inc.		3. ADDRESS OF OPERATOR 1500 InterFirst Tower, 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 1980' FNL, 1980' FWL		5. ELEVATIONS (Show whether DF, RT, GR, etc.) 3746 GR		6. COUNTY OR PARISH Eddy		7. STATE NM	
7. UNIT AGREEMENT NAME		8. FARM OR LEASE NAME Gissler "B"		9. WELL NO. 21		10. FIELD AND POOL, OR WILDCAT Square Lake		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 12-17S-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 PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input checked="" 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"/>		<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.)\*

5/20/85 Drilled to 2529'. TFNB, found water flowing to surface, increasing at 2786'.

5/23/85 Drilled to 3547'. Ran 84 jts. 5½" OD 15.5# casing, with stage cementer at 2816'. Cemented first stage (TD to 2816') with 200 sks. Class C, 6# salt/sk., .2% CFR-3. Opened stage cementer, circulated 3.5 hrs. Released rig 5/24/85.

5/25/85 Cemented second stage (2816'-±1100') with 375 sks. Class H, 6# salt/sk., 10# 20-40 sand/sk., .3% CFR-2, 2% CaCl<sub>2</sub>

5/26/85 Cemented third stage (Waterflow) with 200 sks. Class H, 6% gel, and 200 sks. Class H, 2% CaCl<sub>2</sub>. Closed stage cementer. Cementing complete.

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

SIGNED John C. McPherson TITLE Production Superintendent

DATE 5/28/85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

MAY 31 1985

\*See Instructions on Reverse Side