Form 3160-5 (August 2007)

_Approved By _JAMES_A AMOS __

UNITED STATES DEPARTMENT OF THE INTERIOR

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

Date 02/06/2014

D i	TDEATIMEL AND NAME	CHARRIT				
BUREAU OF LAND MANAGEMENT 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.					5. Lease Serial No. NMNM2747	
					6. If Indian, Allottee or Tribe Name	
SUBMIT IN TRIPLICATE - Other instructions on reverse side.					7. If Unit or CA/Agreement, Name and/or No.	
Type of Well Gas Well □ Other					8. Well Name and No. JACKSON B 54	
Name of Operator BURNETT OIL COMPANY INC E-Mail: Igarvis@burnettoil.com Contact: LESLIE M GARVIS E-Mail: Igarvis@burnettoil.com					9. API Well No. 30-015-41190-00-S1	
3a. Address 801 CHERRY STREET UNIT	3b. Phone No.	No. (include area code) -332-5108 Ext: 6326		10. Field and Pool, or Exploratory CEDAR LAKE		
FORT WORTH, TX 76102-68 4. Location of Well (Footage, Sec., T	<u> </u> n)	11. County or Parish, and State				
Sec 1 T17S R30E SESW 990			EDDY COUNTY, NM			
12. CHECK APPI	ROPRIATE BOX(ES) T	O INDICATE	NATURE OF I	NOTICE. RE	PORT, OR OTHE	ER DATA
TYPE OF SUBMISSION						
T No. 1 Change	☐ Acidize	☐ Deep	☐ Deepen		on (Start/Resume)	☐ Water Shut-Off
_	Notice of Intent ☐ Alter Casing		☐ Fracture Treat		tion	■ Well Integrity
☐ Subsequent Report	☐ Casing Repair	■ New Construction		☐ Recomplete		
☐ Final Abandonment Notice ☐ Change Plans		Plug and Abandon		☐ Temporarily Abandon		PD
	Convert to Injection		☐ Plug Back		□ Water Disposal	
13. Describe Proposed or Completed Op If the proposal is to deepen direction. Attach the Bond under which the wo following completion of the involved testing has been completed. Final Al determined that the site is ready for f	ally or recomplete horizontally rk will be performed or provid- l operations. If the operation re bandonment Notices shall be fi	r, give subsurface l e the Bond No. on esults in a multiple	ocations and measurable with BLM/BIA completion or recompletion	ured and true ver A. Required sub completion in a n	rtical depths of all perti sequent reports shall be ew interval, a Form 31	nent markers and zones. e filed within 30 days 60-4 shall be filed once
Burnett Oil is respectfully requ completion work. We need the an extension through the end	e additonal pad space for	r workover equ	ipment therefor	o additional re we are requ	uesting	
Accepted for record						
NIMOCD Z	2 2014 APPROVED F			OR 10 MONTH PERIOD		
· · · · · · · · · · · · · · · · · · ·	ARTESIA ENDIING_			के दिशा । प	rekiod .	
2 ¹	ruy nmocd	A HA C I NOW COUNTY	<u>1</u>			
14. I hereby certify that the foregoing is	s true and correct. Electronic Submission	#232299 verifie	t by the RI M We	ell Information	System	
Com	For BURNET	T OIL COMPAN	Y INC, sent to th	ne Carlsbad	•	
Name(Printed/Typed) LESLIE M GARVIS			Title REGULATORY COORDINATOR			
	- 					
Signature (Electronic	Date 01/16/2			· · · · · · · · · · · · · · · · · · ·		
	THIS SPACE F	OR FEDERA	L OR STATE	OFFICE U	SE .	

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 Carlsbad

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.

TitleSUPERVISOR EPS