Form 3160-5 (August 2007) UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT OCD-ARTESI 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 Gas Well Other 2. Name of Operator BURNETT OIL COMPANY INC Contact: LESLIE M GARVIS E-Mail: Igarvis@burnettoil.com 3a. Address 801 CHERRY STREET UNIT 9 FORT WORTH, TX 76102-6881 3b. Phone No. (include area code) Ph: 817-332-5108 Ext: 6326 4. Location of Well (Footage, Sec., T., R. M., or Survey Description) Sec 12 T17S R30E NWNE 990FNL 1650FEL				 FORM APPROVED OMB NO. 1004-0135 Expires: July 31. 2010 5. Lease Serial No. NMLC055264 6. If Indian, Allottee or Tribe Name 7. If Unit or CA/Agreement, Name and/or No. 8. Well Name and No. JACKSON B 58 9. API Well No. 30-015-41192-00-S1 10. Field and Pool. or Exploratory LOCO HILLS 11. County or Parish, and State EDDY COUNTY, NM 	
12. CHECK APPI	ROPRIATE BOX(ES) TO I	NDICATE NATURE OF	NOTICE, RE	EPORT, OR OTHE	R DATA
TYPE OF SUBMISSION	TYPE OF ACTION				
 Notice of Intent Acidize Deepen Production (Start/Resume) Water Shut-Off Alter Casing Fracture Treat Reclamation Well Integrity Casing Repair Change Plans Convert to Injection Plug and Abandon Convert to Injection Plug Back Water Disposal The proposal is to depen directionally or recomplete 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 only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection. Burnett Oil is respectfully requesting an extension to the reclamation deadline due to additional completed, and the operator has determined the end of January 2015 for additional completion work. Accepted for record NMOCD ARTESTA MOCD ARTESTA 					
14. Thereby certify that the foregoing is Com Name(Printed/Typed) LESLIE M Signature (Electronic)	Electronic Submission #23 For BURNETT O mitted to AFMSS for process I GARVIS		ne Carlsbad n 02/04/2014 (_ATORY CO		
	THIS SPACE FOR	R FEDERAL OR STATE	OFFICE U	SE	
Approved By JAMES A AMOS Conditions of approval, if any, are attached certify that the applicant holds legal or eq which would entitle the applicant to condu- Title 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent	ot warrant or ubject lease office Carlsba	TitleSUPERVISOR EPS Date 02/06/2014 Office Carlsbad			

** BLM REVISED *