

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

(SUBMIT IN TRIPLY
(Other instruction
reverse 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 Well		5. LEASE DESIGNATION AND SERIAL NO. NM-8867 LC-029538.A	
2. NAME OF OPERATOR Burnett Oil Co., Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 801 Cherry Street, Suite 1500, Fort Worth, Texas 76102		7. UNIT AGREEMENT NAME Grayburg Jackson (San Andres)	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit Letter J, 1650' FSL, 1650' FEL, Sec.14, T17S, R30E		8. FARM OR LEASE NAME GJSAU	
14. PERMIT NO.		9. WELL NO. 21	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3694' GL		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson	
		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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input checked="" type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) _____	

(Other) _____

(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 fresh water injection well has developed a mechanical problem downhole, probably a tubing leak. Due to the well backflowing water while repair work is being performed, we request approval to dig a small 20'X20'X10' backflowing pit on location. When repair work is completed, the pit will be emptied and back filled.

RECEIVED

MAR 16 '89

O. C. D.
ARTESIA, OFFICE

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

SIGNED John C. McPhaul TITLE Production Superintendent DATE 3/8/89

(This space for Federal or State office use) _____

APPROVED BY _____ TITLE _____ DATE 3-15-89

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side