

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS. COMMISSION
SUBMIT IN TRIPL
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC 055958

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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

2. NAME OF OPERATOR
BURNETT OIL CO., INC.

3. ADDRESS OF OPERATOR
1500 InterFirst Tower, Fort Worth, Texas 76102

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

UT. "D" 660' FNL, 660' FWL, Sec. 13

14. PERMIT NO.
30-015-20058

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

7. UNIT AGREEMENT NAME

8. FIRM OR LEASE NAME
Grayburg Jackson
(San Andres) Unit

9. WELL NO.
#32

10. FIELD AND POOL, OR WILDCAT
Grayburg Jackson

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

13-17S-30E

12. COUNTY OR PARISH
Eddy Co.

13. STATE
New Mexico

10. 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 checked="" type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

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"/>
(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 injection well was ordered shut in by the NMOCB because the tubing casing annulus would not hold an artificially induced pressure from the surface. We propose to pull the injection tbgs. and packer, isolate any leaks in the 4-1/2" csg. and squeeze same in an approved manner. We propose to begin this work on October 2, 1985.

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

SIGNED John C. McPhaul TITLE PRODUCTION SUPERINTENDENT

DATE 10/1/85

(This space for Federal or State office use)

APPROVED BY John C. McPhaul TITLE PRODUCTION SUPERINTENDENT

DATE 10-8-85

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side