

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

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

4/58

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"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 2748	
2. NAME OF OPERATOR Burnett Oil Co., Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 801 Cherry St., Suite 1500, Fort Worth, TX 76102		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit D, 660' FNL, 660' FWL, Sec. 14, T17S, R30E		8. FARM OR LEASE NAME Gissler "B"	
14. PERMIT NO.		9. WELL NO. 23	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3712' GR		10. FIELD AND POOL, OR WILDCAT Grayburg-Jackson	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 14-17S-30E NMPM	
		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)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input checked="" type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	Additional Zones		

(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.)*

Perforated Jackson zone 3300'-03', 3322'-25', 3346-50', 3412'-14', 3427'-30' with 4" casing gun, 1 SPF, total 20 holes. Acidized with 3000 gal. 15% HCl with 40 ball sealers.

Perforated Lovington 3073'-77', 3082'-85', 1 SPF with 4" casing gun, total 9 holes. Acidized with 750 gal. 15% HCl with 18 ball sealers. Fraced with 14,000 gal. XL gelled water and 18,000# 20-40 sand.

Perforated Metex 2827'-32', 1 SPF with 4" casing gun, total 6 holes. Acidized with 600 gal. 15% HCl with 9 ball sealers. Fraced with 18,000 gal. XL gelled water and 25,000# 20-40 sand.

Ran 105 jts. 2-3/8" production tubing to 3475'. Seating nipple @ 3439'.
Ran 2X1 1/2 X 10 RWT pump on 136 5/8" rods. Returned to production.
Well pumped 21 BOPD before, 37 BOPD after stimulating additional zones.

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

SIGNED John C. McPhaul TITLE Production Superintendent DATE 2/11/88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side