## Form 3160-5 (August 2007)

## OCD-ARTESIA

**UNITED STATES** DEPARTMENT OF THE INTERIOR

## **BUREAU OF LAND MANAGEMENT**

5. Lease Serial No. NM-2748

6. If Indian, Allottee or Tribe Name

FORM APPROVED

OMB No. 1004-0137 Expires. July 31, 2010

## **SUNDRY NOTICES AND REPORTS ON WELLS**

| abandoned well. Use Form 3160-3 (APD) for such proposals.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                       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| SUBMIT IN TRIPLICATE – Other instructions on page 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                     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If Unit of CA/Agi                                                                                                                                                                                                                                                                                    | 7. If Unit of CA/Agreement, Name and/or No.                                                                                                                                                                                                                                                                                 |                                                                             |  |  |
| 1 Type of Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                     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Well Name and N<br>GISSLER B #74                                                                                                                                                                                                                      | lo.                                                                                                                                                    |                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                             |                                                                             |  |  |
| 2. Name of Operator BURNETT OIL COMPANY, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                          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API Well No.<br>30-015-39580                                                                                                                                                                                                                                                                         | ). API Well No.<br>30-015-39580                                                                                                                                                                                                                                                                                             |                                                                             |  |  |
| 3a Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (include area code) 10. Field                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 10. Field and Pool o                                                                                                                                                                                                                                     | and Pool or Exploratory Area                                                                                                                           |                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                             |                                                                             |  |  |
| 801 CHERRY STREET, SUITE 1500<br>FORT WORTH, TX. 76102 817-332-510                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                     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| 4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description) 330 FNL & 430 FWL SECTION 14, T. 17 S., R. 30 E.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                          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Country or Paris<br>EDDY, NM                                                                                                                                                                                                                                                                        | h, State RECEIV                                                                                                                                                                                                                                                                                                             | ED                                                                          |  |  |
| 12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                           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| TYPE OF SUBMISSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                     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| ✓ Notice of Intent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Alter Casing                                                                                                                                                                                                                                                                                                                                                                                        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| Subsequent Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                     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| Final Abandonment Notice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Convert to Injection                                                                                                                                                                                                                                                                                                                                                                                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| testing has been completed. Final determined that the site is ready for 01/19/12 RU E&P WL, TIH W GR C 4000', TOH, PU 3 1/8" SLICK GUNS 5450', 5458', 5465', 5482', 5488', 56 TBG, SET PKR ABOVE PERFS, SI 01/20/12 FINISH TIH W/PKR, R/U C SET PKR @ 5193', ACIDIZE W 250 SEALERS ON @ 3918 PSI, AVG R BACK WELL TO FLOWBACK TANIFRAC VALVE, SDON. 01/23/12 MIRU CUDD, SLICKWATE MAX RATE 83.0 BPM, AVG RATE FLOWBACK, WELL FLOWED BAC 01/24/12 ARRIVE ON LCTN, WELL SAND @ 5931', BAIL DN TO PBTD 01/25/12 BLEED DN CSG, RU KILL TBG, PACKOFF WH, BUILD & NU 1980BHP, 4566' FLAP, INSTALLED JTS 2 7/8" J-55 TBG 5313.26'. (FIR | r final inspection.) CCL, LTD @5962', CORRES, TIH, GET ON DEPTH, F629', 3 SPF (45), 19 GRANDON. CUDD, BREAK CIRCULATO GALOF SPECTON OF SPECTON | ELATE AND GEPERFORATE 1<br>M CHARGE, 0.4<br>FION W 3 BBL,<br>10 BALL SEALE<br>10 FB BALL SEA | ET ON DEPTH I<br>15 INTERVALS<br>42 EHD, 34" PE<br>, SPOT 250 GAI<br>ERS, HOLE WA<br>568 PSI, 10 MIN<br>ALERS, TOH &<br>TER, 30,306# 11<br>4 MIN 1464 PSI,<br>WTR.<br>RKIN R CSG HE<br>// BAILER, EMP<br>DESANDER, &<br>WIRE ESP, ST<br>C (9') 5189.02', | JSING H.<br>@ 5300',<br>METRAT<br>OF 15%<br>S FULL,<br>I 1500 PS<br>LD PKR,<br>O MESH<br>10 MIN<br>AD, NUE<br>TY CAVI<br>2 JTS TA<br>ART UP<br>SN 5190 | ALIBURTON OH LO<br>5325', 5337', 5356',<br>ION, TOH, RD E&P'<br>6 NEFE ACROSS PE<br>FORM BROKE @ 2:<br>SI, 15 MIN 1485 PSI,<br>N/D BOP & 7" LARK<br>I, 315,805# 40/70 SN<br>1422 PSI, 15 MIN 13<br>BOP, RU BAILER, TII<br>TY, SDON.<br>AILPIPE, RU CABLE<br>@ 6:30 PM 1/24/12,<br>.12', ESP (56.09') 52 | G, LOG 7", 23# PROD CSC<br>5390', 5410', 5415', 5421', 9<br>WL, RU 7" CPW PKR, TIH<br>ERFS, PULL PKR ABOVE F<br>341 PSI, BAILED OUT W/73<br>LTR 104 BBLS, R/D CUDE<br>KIN HEAD, NU GUARDIAN<br>N, MAX PSI 3200, AVG PSI<br>866 PSI, RD CUDD, RU<br>H W/ 2 7/8" TBG, TAG TOP<br>SPOOL UNIT, TIH W 164 GE TD850 211 STG, 55HZ | G UP TO<br>5431',<br>W 2 7/8"<br>PERFS,<br>2 BALL<br>D, FLOW<br>5K<br>2801, |  |  |
| 14. I hereby certify that the foregoing is to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 14141000                                                                                                                                                                                                                                                                                                                                                                                                  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| BARRY W. HUNT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                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                                                                                                                                                                         |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                         | COMPANY, INC.                                                                                                                                                                                                                                                                                                               |                                                              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| Signature Bank                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1. Hut                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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               | EPTED FOR RE                                                                                                                                                                                                                                                                                                                | CORD                                                                        |  |  |
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| Approved by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                     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| 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.                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                     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                                                                                                                                    |                                                                                                                                                        | 7.0.0                                                                                                                                                                                                                                                                                                   | BURFAIL OF LAND MANAGEMENT                                                                                                                                                                                                                                                                                                  |                                                                             |  |  |
| 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 a fictitious or fraudulent statements or representations as to any matter within its jurisdiction.                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                        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