

**NM OIL CONSERVATION**

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

ARTESIA DISTRICT  
OCD Artesia

SEP 17 2014

FORM APPROVED  
OMB NO. 1004-0135  
Expires: July 31, 2010

**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.*

5. Lease Serial No.  
NMLC030570A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

**SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		8. Well Name and No. STEVENS A 14
2. Name of Operator BURNETT OIL COMPANY INC Contact: LESLIE GARVIS E-Mail: lgarvis@burnettoil.com		9. API Well No. 30-015-35320-00-S1
3a. Address 801 CHERRY STREET UNIT 9 FORT WORTH, TX 76102-6881	3b. Phone No. (include area code) Ph: 817-332-5108	10. Field and Pool, or Exploratory CEDAR LAKE
4. Location of Well (Footage, Sec., T. R., M., or Survey Description) Sec 13 T17S R30E SESW 80FSL 1400FWL		11. County or Parish, and State EDDY COUNTY, NM

**12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other Workover Operations
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen 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 within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices 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.)

When the Stevens A 14 was originally drilled in 2007, the DV tool at 2609? would not open. Perfs were added to the ?? casing at 1200? and were squeezed with 1100 sx cement and pressure tested, test was good. It has been found that these perfs no longer hold pressure and need to be cement squeezed again. This well was deepened in August of 2014 to the base of the Blinebry and a liner was added.

Burnett would like to set a CIBP at 1250? and re-squeeze the perfs with 150 sx of 2% CaCl cement and adjust volume as dictated by the well.

Please see updated wellbore diagram.

Burnett would like to perform this work on 9/16/14.

*hold for 30 minutes*

*after squeeze test casing to 1,000psi. If test fails notify BLM*

**Accepted for record**  
NMOCDB

9-14-14

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

Electronic Submission #263682 verified by the BLM Well Information System  
For BURNETT OIL COMPANY INC, sent to the Carlsbad  
Committed to AFMSS for processing by JENNIFER MASON on 09/15/2014 (14JAM0398SE)

Name (Printed/Typed) LESLIE GARVIS	Title REGULATORY COORDINATOR
Signature (Electronic Submission)	Date 09/15/2014

**APPROVED**

SEP 15 2014

BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD OFFICE

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By \_\_\_\_\_ Title \_\_\_\_\_

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.

Office \_\_\_\_\_

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 any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.