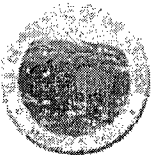


30-015-33498
Ret to Inj 11-20-14



U.S. Department of the Interior

Well
Information System

LESLIE GARVIS



Process Number: 3160-5

Process Name: Sundry Notices and Reports on Wells

Process Instance Identifier: 00810-14428

Viewing



close
Process



print
Process



Process
details



attachments



reset



fill



save



to bottom

Form 3160-5
(August 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

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.

Bold* fields are required.

Section 1 - Completed by Operator	
1. BLM Office* Carlsbad, NM	2. Well Type* INJECTION
3. Submission Type* <input type="radio"/> Notice of Intent <input checked="" type="radio"/> Subsequent Report	4. Action* Return to Production
<p>Operating Company Information</p> <p>5. Company Name* BURNETT OIL CO. INC.</p>	

Pending BLM approvals will
subsequently be reviewed
and scanned

6. Address*

BURNETT PLAZA - SUITE 1500
801 CHERRY STREET - UNIT 9
FORT WORTH TX 76102

7. Phone Number*

817-332-5108

Administrative Contact Information**8. Contact Name***

LESLIE _ GARVIS

9. Title*

REGULATORY COORDIANTOR

10. Address*

BURNETT PLAZA - SUITE 1500
801 CHERRY STREET - UNIT 9
FORT WORTH TX 76102

11. Phone Number*

817-332-5108 326

12. Mobile Number**13. E-mail***

lgarvis@burnettoil.com

14. Fax Number**Technical Contact Information**

☒ Check here if Technical Contact is the same as Administrative Contact.

15. Contact Name***16. Title*****17. Address*****18. Phone Number*****19. Mobile Number****20. E-mail*****21. Fax Number****Lease and Agreement****22. Lease Serial Number***

NMLC029338A

24. If Unit or CA/Agreement, Name and/or Number**25. Field and Pool, or Exploratory Area***

GRAYBURG JACKSON - SA

County and State for Well**26. County or Parish, State***

EDDY NM

Associated Well Information**27. Specify well using one of the following methods:**

a) Well Name, Well Number, API Number, Section, Township, Range, Qtr/Qtr, N/S Footage, E/W Footage

Well Name* GISSLER A		Well Number* 12	API Number 30-015-33498
Section 11	Township 17S	Range 30E	Meridian NEW MEXICO PRINCIPAL
Qtr/Qtr SESE	N/S Footage 660 FSL	E/W Footage 530 FEL	
Latitude _____	Longitude _____	Metes and Bounds	

28. 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 recomplate horizontally, give subsurface locations and measured and true vertical depths of all markers and zones. Attach the Bond under which the work will be performed or provide the Bond Number on file pertinent 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.

10/9/14 - FOUND 2-3/8" CMT LINED INJ TBG PARTED 3" ABOVE WH. RIH W/ 1-3/4" TAPERED MILL & CUT AWAY CMT LINING FR SURFACE TO 3' BELOW SURFACE. POOH W/MILL. RIH W/13/48" SPEAR DRESSED W/1.992" GRAPPLE. LATCH ONTO TO TBG 3' FS. REL AD-1 PKR. ND WH. NU BOP. LD FISHING TOOLS. POOH & LD CMT LINED TBG & INJ PKR.

10/10/14 - RU & RIH W/NOTCH COLLAR, 20 JTS TBG, 5-1/2" CSG SCRAPER & 83 JTS TBG TO 3,274'. DID NOT TAG FILL. PUH ABOVE PERFS.

10/13/14 - AOL, TOH W/BIT & SCRAPER, RU SONIC HAMMER, TTH W/2 7/8 WS, LEAVE SWINGING ABOVE PERFS.

10/14/14 - START SONIC HAMMER JOB, LOAD TBG 18 BBLS BRINE, WASH BLANK CSG FROM 2794' TO 3857' W/ BRINE WATER, @ 4.5 BPM @ 1200 PSI TOTAL OF 78 BBLS OF BRINE WATER USED, PUMP 60 BBLS BRINE, PUMP 19 BBLS OF 20% ACID, @ 4.5 BPM @ 1900 PSI, SHUT DWN, CLOSED CSG PUMP 5 BBLS 20% ACID AND 25 BBLS BRINE WATER FLUSH. DROP BALL OPEN SHEAR SLEEVE, BLEED TBG DWN, SOOH, LD 2 7/8" WS, LD 103 JTS.

10/15/14 - PU & RIH W/5-1/2" AS-1X NP, IPC INJPKR ON 93 JTS 2-3/8" IPC TBG. SET PKR @ 2,930'. RU PMP TRK. LOAD L&T TCA TO 400 PSIG W/NO LOSS. REL ON/OFF TOOL. CIRC TCA W/PKR FLUID. RD PMP TRK.

10/16/14 - ND BOP. NU WH. RU PMP TRK. TOP OFF CSG W/PKR FLUID. PRESS TCA TO 400 PSIGFOR 30 MIN ON CHART RECORDER W/NO LOSS. BWDTT. RD PMP TRK. RDMO

PU. WAITING ON APPROVAL FROM OCD TO TO PMP OUT PLUG & RWTL SWI.

11/21/14 - Return to Injection 11/20/14. 131 BW

I hereby certify that the foregoing is true and correct.

29. Name*

LESLIE _ GARVIS

30. Title

REGULATORY COORDINATOR

31. Date*

(MM/DD/YYYY)

11/21/2014

32. Signature*

You have the ability to sign this form only if a SmartCard or digital certificate has been issued to you.

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.

Section 2 - System Receipt Confirmation

33. Transaction

34. Date Sent

35. Processing Office

Section 3 - Internal Review #1 Status

36. Review Category

37. Date Completed

38. Reviewer Name

39. Comments

Section 4 - Internal Review #2 Status

40. Review Category

41. Date Completed

42. Reviewer Name