

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Artesia

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.***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		5. Lease Serial No. NMNM074939
2. Name of Operator BURNETT OIL CO. INC.		6. If Indian, Allottee or Tribe Name
Contact: LESLIE GARVIS E-Mail: lgarvis@burnettoil.com		7. If Unit or CA/Agreement, Name and/or No.
3a. Address BURNETT PLAZA - SUITE 1500 801 CHERRY STREET FORT WORTH, TX 76102	3b. Phone No. (include area code) PH 817-382-3100 FAX: 817-382-76102	8. Well Name and No. GISSLER B 106
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 14 T17S R30E Mer NMP SWNW 1650FNL 1090FWL		9. API Well No. 30-015-42343
		10. Field and Pool, or Exploratory LOCO HILLS GLORIETA YESO
		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 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 checked="" 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
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Well Spud
	<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 to 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.)

6/19/14 - HOLE SIZE: 14 ?? SPUD WELL 06/18/14, 6:30 AM. RN 10 JTS (398.77') 10.75" 32.75# H-40
STC 8RD CSG SET @ 390' (FLOAT COLLAR @ 344') 3 CENTRALIZERS. CMT CSG W/150 SXS (43.8 BBLS)
THIXOTROPIC + 1% CACL2 @ 14.2 LB/GAL & 7.78 GAL H2O SX TO YIELD 1.64 CUFT SX, FB 250 SXS (60 BBLS)
PREM + W/2% CACL2 @ 14.8 LB/GAL & 6.39 GAL H2O SX TO YIELD 1.35 CUFT SX. CEMENT DID NOT CIRC, WOC,
RD CEMENTERS, CLEAN PITS & REFILL W/PW, WO TEMPERATURE SURVEY, RU ROTORY WL & RUN TEMPERATURE
SURVEY. SET 50 SK PLUG PREM PLUS + 3% CACLZ. SET 50 SK PLUG PREM PLUS + 3% CACLZ. SET 50 SK PLUG
PREM PLUS + 3% CACLZ. NOTIFIED TERRY W/ BLM OF INTENT TO SPUD 6/17/2014 11:00 AM, CSG & CMT 10:30
AM 6/18/14. NOTIFY TERRY W/ BLM OF NO CIRC CMT & WILL RUN TEMPERATURE SURVEY @ 16:30 PM, 6/18/14.

Accepted for record
JRD NMOC 12/1/14NM OIL CONSERVATION
ARTESIA DISTRICT

DEC 09 2014

14. I hereby certify that the foregoing is true and correct.		Electronic Submission #254049 verified by the BLM Well Information System For BURNETT OIL CO. INC., sent to the Carlsbad Committed to AFMSS for processing by DEBORAH HAM on 11/24/2014 ()		RECEIVED ACCEPTED FOR RECORD DEC 11 2014 BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE
Name (Printed/Typed)	LESLIE GARVIS	Title	REGULATOR	
Signature	(Electronic Submission)	Date	07/22/2014	
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.

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****