

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONSERVATION

ARTESIA DISTRICT

OCD Artesia
Aug 10 2015FORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010**SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED**
*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		8. Well Name and No. GISSLER B 101
2. Name of Operator BURNETT OIL CO. INC. Contact: LESLIE GARVIS E-Mail: lgarvis@burnettoil.com		9. API Well No. 30-015-42226
3a. Address BURNETT PLAZA - SUITE 1500 801 CHERRY STREET FORT WORTH, TX 76102	3b. Phone No. (include area code) PH 817-382-5081; 326 76102	10. Field and Pool, or Exploratory LOCO HILLS GLORIETA YESO
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 14 T17S R31E Mer NMP SWNW 2630FNL 480FWL		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	Drilling Operations
	<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 recompleat 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 recompleat 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.)

10/26/17 - HOLE SIZE: 8 ??, TEST BOP EQUIPMENT & VALVES 250# & 2000# F/ 10 MINUTES EA. NOTIFY BLM 7:30 AM 10/25/14 OF CIRC CMT TO SURFACE & TEST.

11/2/14 - TD: 6,002?. RUN 138 JTS 7", 23#, J-55, LTC CSG 6009.37' SET @ 6002', FC 5955', MJ 4440'-4462', MJ 3410'-3432', DV TOOL 2618'.

11/3/14 - RUN 138 JTS 7", 23#, J-55, LTC CSG 6009.37' SET @ 6002', FC 5955', MJ 4440'-4462', MJ 3410'-3432', DV 2618', 26 CENTRALIZERS, CMT 1ST STAGE W/600 SXS (140 BBLS) PREM H + .125 LBM POLY FLAKE @ 14.2 LB/GAL & 5.58 GAL H2O SX TO YIELD 1.28 CUFT SX. CIRC 25 BBLS, 125 SKS CMT TO PITS OFF DVT 1ST STAGE, CMT 2ND STAGE W/1000 SXS (340 BBLS) PREM LITE + 2% CACL2 + .125 LBM POLYFLAKE @ 12.7 LB/GAL & 10.08 GAL H2O SX TO YIELD 1.87 CUFT SX, FB 100 SXS (24 BBLS) PREM PLUS + 2% CACL2 @ 14.8 LB/GAL & 6.39 GAL H2O SX TO YIELD 1.35 CUFT SX. CIRC 20 BBLS CMT TO PITS (59 SKS), CALL BLM TERRY

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

Electronic Submission #275867 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 06/12/2015

Name (Printed/Typed) LESLIE GARVIS

Title REGULATORY COORDINATOR

Signature (Electronic Submission)

Date 11/04/2014

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

ACCEPTED FOR RECORD

JUL 31 2015

BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

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 **

Additional data for EC transaction #275867 that would not fit on the form

32. Additional remarks, continued

12:05 pm, RUN & CMT CSG.

11/4/14 - RR 12:30 PM, 11/3/14