

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NM OIL CONSERVATION  
ARTESIA DISTRICT

APR 08 2010

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 abandoned well. Use form 3160-3 (APD) for such proposals.*

NMOCD  
RECEIVED  
Artesia

5. Lease Serial No.  
NMLC030570A

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.  
STEVENS A 19

9. API Well No.  
30-015-42232-00-X1

10. Field and Pool, or Exploratory  
CEDAR LAKE

11. County or Parish, and State  
EDDY COUNTY, NM

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

1. Type of Well  
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator  
BURNETT OIL COMPANY INC  
Contact: LESLIE GARVIS  
E-Mail: lgarvis@burnettoil.com

3a. Address  
801 CHERRY STREET UNIT 9  
FORT WORTH, TX 76102-6881  
3b. Phone No. (include area code)  
Ph: 817-332-5108 Ext: 326

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Sec 13 T17S R30E SESW 0990FSL 2210FWL  
32.829830 N Lat, 103.926629 W Lon

**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 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.)

12/28/14 - SPUD WELL 12/27/14 @ 6:450 AM. HOLE SIZE: 14 ??, RN 11 JTS (480') 10.75" 32.75# H-40  
STC 8RD CSG SET @ 473' (FLOAT COLLAR @ 427') 3 CENTRALIZERS 1ST 3 JTS. CMT CSG W/150 SXS (43.8  
BBLs) THIXOTROPIC + 1% CACL2 @ 14.2 LB/GAL & 7.78 GAL H2O SX, YIELD 1.64 CUFT SX, FB TAIL 250 SXS (60  
BBLs) PREM + W/2% CACL2 @ 14.8 LB/GAL & 6.39 GAL H2O SX TO YIELD 1.35 CUFT SX. DID NOT CIRC CMT;  
WOC - RD CEMENTERS - CLEAN PITS & REFILL W/PW, RUN ROTARY WIRELINE TEMPERATURE SURVEY, TOP CMT  
110', TAG W/ 1" @ 122', TOP OUT CMT W/ 75 SKS CLASS C + 2% CACLZ @ 14.8#, CIRC 25 SKS, 6 BBLs TO  
PIT.

NOTIFY JIM HUGHES 3:15 PM 12/26/14 OF SPUD, 1:00 PM 12/27/14 CSG/CMT, 8:30 PM OF NO CIRC CMT & RUN  
TEMPERATURE SURVEY 12/28/14

Accepted for record  
NMOCD AB  
4/12/16

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

Electronic Submission #286843 verified by the BLM Well Information System  
For BURNETT OIL COMPANY INC, sent to the Carlsbad  
Committed to AFMS for processing by MARISSA KLEIN on 06/24/2015 (15MGK0173SE)

Name (Printed/Typed) LESLIE GARVIS

Title REGULATORY COORDIANTOR

Signature (Electronic Submission)

Date 01/05/2016

**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

BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD 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.

**\*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\***