Submit 3 Copies To Appropriate District Office <u>District I</u> 1625 N French Dr , Hobbs, NM 88240	State of New Mexico Energy, Minerals and Natural Resources	FEB 1 1 2009 Form C-103 June 19, 2008 WELL API NO.
District II 1301 W Grand Ave , Artesia, NM 88210 District III 1000 Rio Brazos Rd , Aztec, NM 87410 District IV 1220 S St Francis Dr , Santa Fe, NM	OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505	5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No. Federal Lease NMNM2747
(DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR USE "APPL	TICES AND REPORTS ON WELLS DISALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ICATION FOR PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name JACKSON B
PROPOSALS) 1. Type of Well: Oil Well	Gas Well X Other SALT WATER DISPOSAL	8. Well Number #46
2. Name of Operator BURNETT OIL CO., INC	7	9. OGRID Number 003080
3. Address of Operator	ITE 1500, FORT WORTH, TEXAS 76102	10. Pool name or Wildcat Cedar Lake Glorieta Yeso
4. Well Location	2310' feet from the NORTH line and	990' feet from the WEST line
Om Letter	2310' feet from the NORTH line and Township 17S Range 30E	
Section 24	11. Elevation (Show whether DR, RKB, RT, GR, et 3679' GR	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF II PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING DOWNHOLE COMMINGLE	PLUG AND ABANDON	PRILLING OPNS. P AND A
OTHER:	OTHER:	ORRECT TOOL
 Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. TO CORRECT FEDERAL 3160-4 DATED 1/07/2009 AND STATE C103 DATED 1/14/2009 COMPLETION FORMS TO 		
SHOW WELL AS A CEDAR LAKE GLORIETA YESO FIELD OR POOL COMPLETION.		
THE ORIGINALS, DATED 1/07/2009 AND 1/14/2009, WERE FILED "IN ERROR" WITH THE LABEL OF LOCO HILLS GLORIETA YESO.		
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Spud Date:	Rig Release Date:	
Lhereby certify that the information	n above is true and complete to the best of my knowle	dge and helief
	rabove is true and complete to the best of my knowle	age and benef.
SIGNATURE Mark a.	Jacobry TITLE ENGINEER	
Type or print name MARK For State Use Only	A. JACOB♥ E-mail address:	PHONE: (817) 332-5108
APPROVED BY:Conditions of Approval (if any):	TITL Excepted for record NMOCD	DATE

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