Form	31	60-5
(Aug	ıst	2007)

m 3160-5 ugust 2007)	UNITED STATES DEPARTMENT OF THE INTERIOR	OCD-ARTESIA	FORM APPROVE OMB No. 1004-01 Expires: July 31, 20
	BUREAU OF LAND MANAGEMENT		5. Lease Serial No.
lad 2/19/2010 to RI M	E-mailed to Relton Mark		NMI C029339A

(August 2007)	DEPARTMENT OF	THE INTERIOR O	CD-ARTESIA		pires: July 31, 2010	
4 11-12/19/2010 to DIM E	BUREAU OF LAND MANAGEMENT.			5. Lease Serial No. NMLC029339A		
ailed 3/18/2010 to BLM Fragiled to Belton And REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an						
Do not use abandoned	tnis torm tor propo well. Use Form 3160	sais to arill or to re-e 0-3 (APD) for such pr	oposals.	o. II indian, 7 mot	CE OF TIDE NAME ELVED	
SUBMIT IN TRIPLICATE – Other instructions on page 2 1. Type of Well				7. If Unit or CA/A	greement, Name and/or No. MAR 3 I 2010	
					MMQCD ARTESI	
BURNETT OIL CO., INC. 3a. Addres801 CHERRY STREET, SUITE 1500 3b. Phone No. (include area code)			9. API Well No. 30-015-35284 S1			
					UNIT #9 FORT WORTH, TX. 76102-6881 (817) 332-5108	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) UNIT O, 740' FSL, 1750' FEL, SEC 13, T17S, R30E- SURF & BH					11: County or Parish, State Eddy County, N.M.	
12. CHECK AF	PPROPRIATE BOX(E	S) TO INDICATE NA	TURE OF NOTICE, REPO	ORT, OR OTH	IER DATA	
TYPE OF SUBMISSION			TYPE OF ACTION		′	
<u></u>	Acidize	Deepen	Production (Start/Resume)	Water Sh	nt-Off	
Notice of Intent	Alter Casing	Fracture Treat	Reclamantion	Well Integ	grity	
Subsequent Report	Casing Repair	New Construction	Recomplete	Other _	20CA/10V	
Final Abandonment Notice	Change Plans	Plug and Abandon	Temporarily Abandon			
	Convert to Injection	Plug Back	Water Disposal			
REFERENCE 1/08/2010 NO Dur present plans show so well bore to improve curre all of the present surveyed. We respectively request a copy of the referenced "I	ome additional per nt production. Out location to accordance a delay in the delay i	erforation work and r original completion modate the requirements of this differ your easy response of the second	d a sand fracture beir on was a large gelled ired equipment to do location until this the	ng planned d acid treat this work. racture w	ment. We will require	
May reed	to util	ize adjac	ent	/ /	2	
May need pads to a	each tri	on it	reededi	7.2.2.2		
,				3-27	- 70	
14. I hereby certify that the foregoing is Name (Printed/Typed)	,	,		NACED		
Mala	KA. JACOBY	Title	3/10/	20/0		
Signature / Capa Co	THIS SPACE	FOR FEDERAL C	OR STATE OFFICE U			
	y or Auc	JIN EDLINE	TOTAL OFFICE U	<u> </u>		
			1	}		

Approved by
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

Title Office

Title Office

Title Office