

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N.M. OIL & GAS COMMISSION

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back or to different completion.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection	5. LEASE DESIGNATION AND SERIAL NO. NM 2747
2. NAME OF OPERATOR Burnett Oil Co., Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME C/SF
3. ADDRESS OF OPERATOR 1500 InterFirst Tower, Fort Worth, TX 76102	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State regulations. See also space 17 below.) At surface Unit Designation D, 660' FWL, 660' FNL, Sec. 1, 17S, 30E	8. FARM OR LEASE NAME Jackson B
14. PERMIT NO.	9. WELL NO. 4
15. ELEVATIONS (Show whether D, RT, GR, etc.) 3712' GR	10. FIELD AND POOL, OR WILDCAT Square Lake (GB-SA)
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 1-17S-30E
	12. COUNTY OR PARISH Eddy
	13. STATE NM

RECEIVED BY
FNL, Sec. 1, 17S, 30E
SEP 29 1986
O. C. D.
ARTESIA, OFFICE

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input checked="" type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

- 8/27/86 POOH w/ injection packer & tubing. Set RBP @ 1155'. Perforated 4½" casing and 7" casing @ 990' with 4 holes. Attempted circulation to surface. Not successful. Set cement retainer @ 968'. Cemented 990' holes with 400 sks. Cl. H, 15# salt/sk. and 100 sks. Cl. H, 3% CaCl₂. Reversed 4 sks. to pit.
- 8/28/86 Perforated 4½" and 7" casing @ 540' with 4 holes. Broke circulation down 4½" and out 7" X 8¼" annulus. Set cement retainer @ 500'. Cemented with 100 sks. Cl. H, 3% CaCl₂. Circulated good cement to surface. Reversed 20 sks. to pit.
- 8/29/86 Drilled cement retainer, tested casing and squeeze to 450 psi. No leaks. Drilled cement retainer @ 968', spotty cement to 990'. Casing leaking at rate of 65 BWPD.
- 9/ 2/86 Set cement retainer @ 940'. Cemented with 500 gal. Flo-Chek, 200 sks. Cl. H, 15# salt/sk., 500 gal. Flo-Chek, 200 sks. Cl. H, 15% CalSeal, 2% CaCl₂, squeezed to 700 psi. Reversed clean.
- 9/ 4/86 Drilled cement retainer, tested casing to 500 psi. No leaks.
- 9/ 5/86 Set 4½" tension packer on 84 jts. 2-3/8" EUE plastic-lined tubing @ 2714'. Resumed injection.

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

SIGNED

John C. McPhaul

TITLE

Production Superintendent

DATE

9/15/86

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

Subject to
Like Approval
by State

TITLE

DATE

ACCEPTED FOR RECORD

GWD
SEP 26 1986

*See Instructions on Reverse Side