

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NM OIL SUBMIT FORM
(Other instructions on reverse side)
Artesia, NM 88210

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

457

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Water Injection Well	5. LEASE DESIGNATION AND SERIAL NO. LC 029338A
2. NAME OF OPERATOR Burnett Oil Co., Inc. ✓	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 1500 InterFirst Tower, Fort Worth, TX 76102	7. UNIT AGREEMENT NAME Grayburg Jackson(San Andres)
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit N, 440' FSL, 2200' FWL, Sec. 12 T17S R30E	8. FARM OR LEASE NAME Unit GJSAU
	9. WELL NO. 33
	10. FIELD AND POOL, OR WILDCAT GB-SA G Jackson
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 12-17S-30E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)
	12. COUNTY OR PARISH Eddy
	13. STATE NM

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

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 checked="" type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input 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.) *

We request an additional 60 days to evaluate plugging the well versus plugging back to a non-unitized zone. We originally intended to plug the well after unsuccessful pressure testing. The well bore is not open and no pollution is occurring.

APPROVED FOR 2 MONTH PERIOD

ENDING 3-1-86

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

SIGNED John C. McPhaul TITLE Production Superintendent DATE 12/18/85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 12-31-85
CONDITIONS OF APPROVAL, IF ANY:

Subject to
Like Approval
by State

*See Instructions on Reverse Side