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O.C.D.

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Alamosa, NM 88210

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. ARTESIAN OFFICE
WELL ☒ OTHER ☐ Water Injection Well

2. NAME OF OPERATOR
Burnett Oil CO., Inc.

3. ADDRESS OF OPERATOR
1500 InterFirst Tower, Fort Worth, Texas 76102

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface

1760 FSL 1980 FEL Sec. 12, T17S-R30E

14. PERMIT NO. 15. ELEVATIONS (Show whether OF, VE, GR, etc.)

5. LEASE DESIGNATION AND SERIAL NO.
NM 8867 LC-029339A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Grayburg Jackson (San Andr Unit)

8. FARM OR LEASE NAME
Grayburg Jackson GB-SA

9. WELL NO.
37

10. FIELD AND POOL, OR WILDCAT
Grayburg Jackson

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 12-17S-30E

12. COUNTY OR PARISH 13. STATE
Eddy Co. N.M.

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

DRILL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other)

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

17. DESCRIBE (If used or completed operations) If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.*

This injection well was ordered shut in by the NMOCD because the 5-1/2" casing would not hold an artificially induced pressure. We propose to locate any leaks, if any, with a packer and plug. After isolating any leaks, we will squeeze and drill out, then pressure up on the casing. After the casing is found to be sound, we will resume injection.

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

SIGNED John C. McPhaul

TITLE PRODUCTION SUPERINTENDENT DATE 9/9/85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE 10-1-85

CONDITIONS OF APPROVAL, IF ANY:

Subject to
Like Approval
by State

*See Instructions on Reverse Side