(November 1983) (Formerly 9-331)

RECEIVED BY O. C. D. ARTESIA, OFFICE OCT 18 1985

DEPARTMENT OF THE INTERIOR (Other instructions re- verse side)
BUREAU OF LAND MANAGEMENT

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.: NM 8867

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

## 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 [ ] GAS WELL [X] OTHER: Water Injection Well

7. UNIT AGREEMENT NAME: Grayburg Jackson (San Andres) Unit

2. NAME OF OPERATOR: Burnett Oil Co., Inc. ✓

8. FARM OR LEASE NAME: GJSAU

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

9. WELL NO.: 28

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: H, 2200' FNL, 660' FEL

10. FIELD AND POOL, OR WILDCAT: GB-SA

(API number applied for)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: 13-17S-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 | [ ] | PULL 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 | [X] | CHANGE PLANS | [ ] | (Other) | | | |
| (Other) | | | | (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.)*

This injection well was ordered shut in by the NMOCD because the tubing casing annulus would not hold an artificially induced pressure from the surface. We propose to pull the injection tubing and packer, isolate any leaks in the 7" casing and squeeze same in an approved manner. We propose to begin this work on September 24, 1985.

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

SIGNED: [signature] TITLE: Production Superintendent DATE: 9/23/85

(This space for Federal or State office use)

APPROVED BY: Don Wood TITLE: Acting DATE: 10-17-85

CONDITIONS OF APPROVAL, IF ANY:

Subject to Like Approval by State

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.