

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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 to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. WELL TYPE ☒ WELL ☐ OTHER ☐ Water Injection API#30-015-04148

2. NAME OF OPERATOR

Burnett Oil Co., Inc.

3. ADDRESS OF OPERATOR

801 Cherry Street, Suite 1500, Fort Worth, TX 76102

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

Unit L, 1650'FSL, 350'FWL, Sec. 14, T17S, R30E

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, RT, GR, etc.)

3693'G.L.

5. LEASE DESIGNATION AND SERIAL NO.

NM 074939

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Grayburg Jackson (SA) Unit

8. FARM OR LEASE NAME

9. WELL NO.

22

10. FIELD AND POOL, OR WILDCAT

Grayburg-Jackson (7RVS-QN-
11. SEC., T., S., M., OR BLK. AND SURVEY OR AREA GB-SA)

14-17S-30E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLUG

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Resume water injection

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

16. 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 perti-

This water injection well was SI on November 1, 1988 due to economics.
Water injection was resumed March 8, 1990.

ACCEPTED FOR RECORD

APR 6 1990

CARLSBAD, NEW MEXICO

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

SIGNED

TITLE

Production Superintendent

DATE

3/27/90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side