

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE\*  
(Other instruction on re-  
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.  
LC 029338A

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 ☐ OTHER ☐ API#30-015-04152  
2. NAME OF OPERATOR  
Burnett Oil Co., Inc.  
3. ADDRESS OF OPERATOR  
801 Cherry St., Suite 1500, Fort Worth, TX 76102  
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirement.  
See also space 17 below.)  
At surface Unit 0, 330'FSL, 2310'FEL, Sec. 14, T17S, R30E

7. UNIT AGREEMENT NAME  
Grayburg Jackson (San Andres)  
Unit [NM 8867]

8. FARM OR LEASE NAME

9. WELL NO.

10

10. FIELD AND POOL, OR WILDCAT  
Grayburg Jackson (7RVS-QN-

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA GB-SA)

14 -17S-30E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, OR, etc.)

N/A

O. C. D.

ARTESIA OFFICE

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:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
(Other) Shut Well In

PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
ABANDON\* ☐  
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐  
FRACTURE TREATMENT ☐  
SHOOTING OR ACIDIZING ☐  
(Other) ☐  
REPAIRING WELL ☐  
ALTERING CASING ☐  
ABANDONMENT\* ☐

(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.)

On November 1, 1988, this producing well was shut in due to economics. We request approval to keep this well shut in until such time as economics permit us to resume profitable operations of the well.

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

SIGNED John C. McShane TITLE Production Superintendent DATE 12/20/88

(This space for Federal or State office use)

APPROVED BY [Signature]  
CONDITIONS OF APPROVAL, IF ANY:

FOR: CHIEF OF BUREAU OF LAND MANAGEMENT  
TITLE CHIEF OF BUREAU OF LAND MANAGEMENT

DATE 6-12-89

\*See Instructions on Reverse Side