

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved
Budget Bureau No. 1004-0139
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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER Water Injection API#30-015-04154		5. LEASE DESIGNATION AND SERIAL NO. LC 029338-A	
2. NAME OF OPERATOR Burnett Oil Co., Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 801 Cherry St., Suite 1500, 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 1650' FSL, 1650' FEL, Sec. 14, T17S, R30E		8. FARM OR LEASE NAME Unit [NM 8867]	
14. PERMIT NO.		9. WELL NO. 21	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3694' G.L.		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson (7RVS-QN-GB-SA)	
O. C. D. ARTESIA OFFICE		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 14-17S-30E	
		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 <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 type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Shut Well In	

SUBSEQUENT REPORT OF:

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)	

(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 water injection well was shut in due to a number of producing Unit wells being shut in because of economics, resulting in a reduction in the barrels of water produced, necessitating a reduction in the number of active injection wells. We request approval to keep this well shut in until such time as economics permit us to resume operations of the shut in producing wells.

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

SIGNED

John C. Mitchell

TITLE

Production Superintendent

DATE

12/20/88

(This space for Federal or State office use)

APPROVED BY

Shirley J. Shaw

FOR:

TITLE CHIEF, LAND RECORDS

DATE

6-12-89

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side