

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI-STATE  
(Other instructions on reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

LC029338 -A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Grayburg Jackson (San Andres)

8. FARM OR LEASE NAME

GJSAU

9. WELL NO.

23

10. FIELD AND FOOT, OR WILDCAT

Grayburg-Jackson

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 14, T17S, R30E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

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. NAME OF OPERATOR  
Burnett Oil Co., Inc.

2. ADDRESS OF OPERATOR  
801 Cherry Street, Suite 1500, Fort Worth, TX 76102

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

Unit G, 1650'FNL, 2310'FEL, Sec. 14, T17S, R30E

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3712' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRAC-RE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other) Shut well in

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRAC-TURE 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.)

Due to economics and doubtful sweep efficiency, we request approval to temporarily cease injection into this well. Offset producing wells were previously approved for temporary shut-ins.

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

SIGNED

John C. McPhaul

TITLE Production Superintendent

DATE 6/19/89

(This space for Federal or State office use)

APPROVED BY

Shirley J. Smith

FOR: CHIEF, BLM

DATE 6-27-89

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side