

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-105- 04326 04308
5. Indicate Type of Lease FEDERAL <input type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. LC029338B
7. Lease Name or Unit Agreement Name GRBY JACKSON SA UNIT
8. Well No. 6
9. Pool name or Wildcat GRAYBURG JACKSON
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3718 DF

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" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:
OIL WELL ☐ GAS WELL ☐ X OTHER WATER INJECTOR

2. Name of Operator
BURNETT OIL CO., INC.

3. Address of Operator
801 CHERRY STREET, SUITE 1500, FORT WORTH, TX. 76102

4. Well Location
Unit Letter D : 660 Feet From The WEST Line and 660 Feet From The NORTH Line
Section 24 Township 17S Range 30E NMPM EDDY County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

WELL FAILED MECHANICAL INTEGRITY TEST ON 6/21/95. WELDED PATCH ON THE CASING NIPPLE 3' BELOW TUBING HEAD. WELL PASSED RETEST ON 6/26/95 WITNESSED BY NMOC.

RECEIVED

JUL 24 1995

OIL CON. DIV.
DIST. 2

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE James B. McPeters TITLE ENGINEER DATE 7/20/95
TYPE OR PRINT NAME JAMES B. MCPETERS TELEPHONE NO. 817 332- 5108

(This space for State Use) **ORIGINAL SIGNED BY TIM W. GUM**
DISTRICT II SUPERVISOR

JUL 26 1995

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: