

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other Instructions
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

LC029339A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

C/SF

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 Water Injection Well

2. NAME OF OPERATOR

Burnett Oil Co., Inc. ✓

3. ADDRESS OF OPERATOR

1500 InterFirst Tower, 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 Letter B, 440' FNL, 1980' FEL, Sec. 24, T17S, R30E

14. PERMIT NO.

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

3740 GR

7. UNIT AGREEMENT NAME

Grayburg Jackson (San Andres)

8. FARM OR LEASE NAME

GJSAU

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

GB-SA

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

Sec. 24, T17S, R30E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

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

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(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.) *

This injection well will not hold any pressure in the tubing casing annulus.
We propose to pull the injection tubing and packer, isolate and repair any leaks
in the 7" casing. Work is expected to begin December 9, 1985.

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

SIGNED

John C. McPhaul TITLE Production Superintendent

DATE 11/12/85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

Subject to
Like Approval
by State

*See Instructions on Reverse Side