

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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

5. LEASE DESIGNATION AND SERIAL NO.

LC 055264

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Jackson "B"

9. WELL NO.

6

10. FIELD AND POOL, OR WILDCAT

Grayburg-Jackson (QGSA)

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

25-17-30

12. COUNTY OR PARISH 13. STATE

Eddy Co., New Mexico

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 801 Cherry Street, Suite 1500, 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 "D", 660' FNL, 660' FWL, SEC. 25
T17S, R30E
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)

RECEIVED

MAY 11 1989

ARTES.

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.)*

We request approval to dig a 20' X 20' X 10' emergency containment pit to handle the backflow water from this well as we are repairing the tubing string, as per verbal approval given 5/09/89 by Mr. Tom Hare.

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

SIGNED

John C. McPhaul

TITLE

Production Superintendent

DATE

5/09/89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

