

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
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.

26

10. FIELD AND POOL, OR WILDCAT

Grayburg Jackson

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

24-17S-30E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

1. WELL ☒ WATER INJECTION WELL ☐ OTHER ☐ API#30-015-10726

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 N, 660'FSL, 1980'FWL, Sec. 24, T17S, R30E

14. PERMIT NO.

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

3680' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANT

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE 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 OPERATION: (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 work.)

This water injection well has an apparent hole in the cement lined tubing. We propose to start repairs the week starting September 25, 1989.

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

SIGNED

John C. McPhaul TITLE Production Superintendent

DATE 9/21/89

(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

RECEIVED

SEP 25 8 39 AM '89
CARBON COPY
AREA