

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NE CITY, TEXAS
SUBMIT IN TRI
(Other instruction
reverse side)
Artesia, NM 88210

Form approved
Budget Bureau No. 1001-0113
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.
LC055264
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
C. D.
8. FARM OR LEASE NAME
ARTESIA, OFFICE

JACKSON "B"
9. WELL NO.
102 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
EDDY CO.,
13. STATE
N.M.

NOTICE OF INTENTION TO DRILL OR TO DEEPEN OR TO PLUG BACK TO A DIFFERENT RESERVOIR
OR APPLICATION FOR PERMIT TO DRILL OR TO DEEPEN OR TO PLUG BACK TO A DIFFERENT RESERVOIR

1. NAME OF OPERATOR
BURNETT OIL CO., INC.

2. ADDRESS OF OPERATOR
801 CHERRY STREET, SUITE 1500, FORT WORTH, TEXAS 76102

3. 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. ELEVATION (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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT OFF	☐	WATER SHUT OFF	☐
FRAC TURE TREAT	☐	FRAC TURE TREATMENT	☐
SHOOT OR ACIDIZE	☐	SHOOTING OR ACIDIZING	☐
REPAIR WELL	☐	(Other)	☐
(Other)	☐	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	☐
FULL OR ALTER CASING	☐	REPAIRING WELL	☒
MULTIPLE COMPLETE	☐	ALTERING CASING	☐
ABANDON*	☐	ABANDONMENT*	☐
CHANGE PLANS	☐		

17. DESCRIBE THE NOTICE OR COMPLETION 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 this work.)

ON OCTOBER 3, 1989, FOUND HOLE IN TENSION PACKER. REPLACED PACKER, RAN INJECTION TUBING. TESTED TUBING/CASING ANNULUS WITNESSED BY NMCD. RESUMED INJECTION.

RECEIVED
OCT 10 9 53 AM '89
CARLSBAD AREA OFFICE

18. I hereby certify that the foregoing is true and correct
SIGNED John C. McPhail TITLE PRODUCTION SUPT. DATE OCT. 4, 1989
(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

OCT 20 1989

*See Instructions on Reverse Side

SSS
CARLSBAD, NEW MEXICO