

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
811 S. 1st Street
Artesia, NM 88210-2104

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

5. Lease Designation and Serial No.
LC 055264

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation
8910088670

8. Well Name and No.
GJSAU #40

9. API Well No.
30-015-20209

10. Field and Pool, or Exploratory Area
Grayburg-Jackson

11. County or Parish, State

Eddy County, New Mexico

SUNDRY NOTICES AND REPORT ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT-" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well
☐ Oil Well ☐ Gas Well ☒ Other WATER INJECTION WELL

DEC 19 '96

2. Name of Operator
Burnett Oil Co., Inc.

O. C. D.

3. Address and Telephone No.
801 Cherry Street, Suite 1500, Fort Worth, TX 76102

ARTESIA, OFFICE

817/332-5108

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Unit F, 1650' FNL, 1980' FWL, Sec. 24, T17S, R30E

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input checked="" type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input checked="" type="checkbox"/> Plugging Back
	<input checked="" type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other CHANGE WELL NAME
	<input checked="" type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form)

13. 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.)*

Upon successful completion of the work approved on 5/03/96 we now propose to P&A the unitized zone and recomplete this well bore in the Grayburg interval. Our procedure will be to clean out the well bore to TD, run GR/CCL/CNL and CBL. We will set a CIB at approx. 3450' and dump 35' of cement on top. We will perforate the Grayburg interval with sufficient holes and stimulate as recommended by stimulation companies. We will run 2 3/8" tubing and test into frac tank until battery work is completed. Any accumulation in the pit will be disposed of in an approved disposal method any the pit will be back filled and leveled upon completion of this proposed work.

If this recompletion is successful, the well name will be changed to the Jackson B #39.

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

Signed

Title President

Date

(This space for Federal or State office Use)

Approved by (ORIG. SGD.) ARMANDO A. LOPEZ

Title

PETROLEUM ENGINEER

Date

Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any False, Fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side

RECEIVED
APR 3 11 21 AM '96
OAR
AREA

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DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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	[X] Casing Repair
	[] Altering Casing
	[] Other
	[] Change of Plans
	[] New Construction
	[] Non-Routine Fracturing
	[] Water Shut-Off
	[] Conversion to Injection
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This Unit water injection well failed the most recent NMOCD mechanical integrity test, We now propose to determine the source of the failure as follows: Dig 40' X 40' working pit, pull tubing, run packer to determine leak(s) and repair any leaks. Notify NMOCD for mechanical integrity retest and return this well to active unit injection status.

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

Signed

Title

Petroleum Engineer

Date

3/29/96

(This space for Federal or State office Use)

Approved by

Title

Petroleum Engineer

Date

5/2/96
EXPLORATION DEPT

Conditions of approval, if any:

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