

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

Budget Control No. 1004-013  
Expires August 31, 1985

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> API#30-015-21831   |  | 5. LEASE DESIGNATION AND SERIAL NO. LC 055264                       |  |
| 2. NAME OF OPERATOR Burnett Oil Co., Inc.   |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                |  |
| 3. ADDRESS OF OPERATOR 801 Cherry St., Suite 1500, Fort Worth, TX 76102   |  | 7. UNIT AGREEMENT NAME Grayburg Jackson (San Andres Unit [NM 8867]) |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)<br>At surface Unit C, 1120'FNL, 1345'FWL, Sec. 24-17S-30E |  | 8. FARM OR LEASE NAME   |  |
| 14. PERMIT NO.  |  | 9. WELL NO. 44  |  |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) O. C. D. 3715' G. L. ARTESIA, OFFICE   |  | 10. FIELD AND POOL, OR WILDCAT Grayburg Jackson (7RVS-QN-GB-SA)     |  |
|   |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 24 -17S-30E        |  |
|   |  | 12. COUNTY OR PARISH Eddy   |  |
|   |  | 13. STATE NM  |  |

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JUN 14 '89

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

NOTICE OF INTENTION TO:

|                      |                          |                      |                          |
|----------------------|--------------------------|----------------------|--------------------------|
| TEST WATER SHUT-OFF  | <input type="checkbox"/> | PULL OR ALTER CASING | <input type="checkbox"/> |
| FRACTURE TREAT       | <input type="checkbox"/> | MULTIPLE COMPLETE    | <input type="checkbox"/> |
| SHOOT OR ACIDIZE     | <input type="checkbox"/> | ABANDON*             | <input type="checkbox"/> |
| REPAIR WELL          | <input type="checkbox"/> | CHANGE PLANS         | <input type="checkbox"/> |
| (Other) Shut Well In |                          |                      |                          |

SUBSEQUENT REPORT OF:

|   |                          |                 |                          |
|---|--------------------------|-----------------|--------------------------|
| WATER SHUT-OFF  | <input type="checkbox"/> | REPAIRING WELL  | <input type="checkbox"/> |
| FRACTURE TREATMENT  | <input type="checkbox"/> | ALTERING CASING | <input type="checkbox"/> |
| SHOOTING OR ACIDIZING   | <input type="checkbox"/> | ABANDONMENT*    | <input type="checkbox"/> |
| (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.) \*

On November 1, 1988, this producing well was shut in due to economics. We request approval to keep this well shut in until such time as economics permit us to resume profitable operations of the well.

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

SIGNED

*John C. McPhaul*

TITLE Production Superintendent

DATE 12/20/88

(This space for Federal or State office use)

APPROVED BY

*Shirley J. Brown*

FAP: TITLE

CHIEF, LAND MANAGEMENT

DATE

6-12-89

CONDITIONS OF APPROVAL, IF ANY

\*See Instructions on Reverse Side