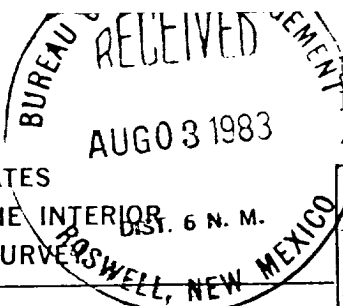


C/27

Form 9-331
Dec. 1973

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
DIST. 6 N. M.



NEW MEXICO OIL CONS. COMMISSION

Drawer DD

Artesia, NM 88210

Approved.

Budget Bureau No. 42-R1424

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 Form 9-331-C for such proposals.)

1. oil ☐ well gas ☐ well other **Water Injection**

2. NAME OF OPERATOR

BURNETT OIL CO., INC.

3. ADDRESS OF OPERATOR

76102

1214 First Nat'l. Bldg., Fort Worth, Texas

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: **660' from north and 1930' from**

AT TOP PROD. INTERVAL:

east lines of Sec. 12-

AT TOTAL DEPTH:

17S-30E.

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) **Perform Remedial Work**

RECEIVED BY

AUG 23 1983

O. C. D.

ARTESIA, OFFICE

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

8-5/8" 24# casing is cemented from 528' to surface. 4 1/2" 9.5# casing is cemented from 3559' to 1504'. In the recent bradenhead survey, a small amount of fluid at low pressure was trickling out bradenhead. On July 21, 1983, Mr. Mike Williams gave verbal approval for the following remedial work:

Squeeze 50 sacks class "C" cement + 70 sacks Halliburton light cement down between 8-5/8" and 4 1/2" casing. This calculates to be 150% of theoretical fill.

Mr. Peter Chester with BLM gave verbal approval on August 2, 1983.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Ralph L. Gray TITLE **Consultant** DATE **August 2, 1983**

APPROVED BY _____ (This space for Federal or State office use)

(Orig. Egd.) **PETER W. CHESTER**

APPROVED BY _____ TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

AUG 23 1983