

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

SUBMIT IN TRII
(Other instruction. ATE*
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

CSF

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 purposes.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		2. NAME OF OPERATOR Burnett Oil Co., Inc. ✓		3. ADDRESS OF OPERATOR 1500 InterFirst Tower, 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 1980' FNL, 1980' FWL		5. ELEVATIONS (Show whether DF, RT, GR, etc.) 3746 GR		6. LEASE DESIGNATION AND SERIAL NO. NM 2748		7. IF INDIAN, ALLOTTEE OR TRIBE NAME		8. UNIT AGREEMENT NAME		9. FARM OR LEASE NAME Gissler "B"		10. WELL NO. 21		11. FIELD AND POOL, OR WILDCAT Square Lake -G-SF		12. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 12-17S-30E		13. COUNTY OR PARISH Eddy		14. STATE NM	
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16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>	WATER SHUT-OFF	<input checked="" type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>	(Other)	<input type="checkbox"/>		<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>	(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.) *

5/17/85 MIRU. Spud 12 1/4" hole 12:15 PM. Drilled to 422'. Ran 10 jts. 8-5/8" OD 24# ST&C R3 casing. Cemented @ 422' KB with 325 sks. Class C, 2% CaCl₂. Plug down & holding 11:00 PM 5/17/85. Circulated 125 sks. to pit.

5/18/85 WOC 12 hrs. NU BOP, test BOP & casing 1000 psi 30 minutes. Drilling ahead.

18. I hereby certify that the foregoing is true and correct
SIGNED John C. McPhaul TITLE Production Superintendent DATE 5/21/85

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY John C. McPhaul TITLE Production Superintendent DATE 5/21/85
CONDITIONS OF APPROVAL, IF ANY

MAY 31 1985

*See Instructions on Reverse Side

CARISBAD, NEW MEXICO