

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
NM OIL & GAS  
SUBMIT IN TRIP  
By (Other instructions on reverse side)  
Artesia, NM 88010

Form approved.  
Budget Bureau No. 1004-0135  
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"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 2748	
2. NAME OF OPERATOR Burnett Oil Co., Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1500 InterFirst Tower, Fort Worth, TX 76102		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit Designation D, 660' FNL, 660' FWL, Sec. 14, T17S, R30E		8. FARM OR LEASE NAME Gissler B	
14. PERMIT NO.		9. WELL NO. 23	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3712' GR, 3723' KB		10. FIELD AND POOL, OR WILDCAT Square Lake (GB-SA)	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 14-17S-30E	
		12. COUNTY OR PARISH Eddy	
		13. STATE NM	

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

4/16 to 4/18/86 Perforated Premier 2922'-27', 2951'-55' and Vacuum 3000'-3006', 1 SPF with 4" casing gun. Total of 18 holes. Acidized with 1500 gal. 15% HCl, fraced with 25,000 gal. gelled water, 14,375# 20-40 sand, and 17,750# 12-20 sand.

4/19/86 Flowed back frac, began testing.

ACCEPTED FOR RECORD

*John Conner*  
APR 28 1986

CAPISBAD, NEW MEXICO

18. I hereby certify that the foregoing is true and correct  
SIGNED John Conner TITLE Production Superintendent DATE 4/23/86  
(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

