

30-015-~~25539~~

25539

Oxford[®]

✪ ESSELTE

MADE IN U.S.A.

NO. R753 1/3

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7-3-86

Acoustic Cement Bond

1600-1000

CN-GR

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
S. COMMISSION

SUBMIT IN TRIPLICATE
(Other Instructions on reverse side)

Budget Bureau No. 1004-01
Expires August 31, 1985

dsf

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.)

RECEIVED

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		API # 30-015-25539		NOV 1 - '89	
2. NAME OF OPERATOR				BURNETT OIL CO., INC.	
3. ADDRESS OF OPERATOR				O. C. D. OFFICE	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface				Unit 10, 1880' FEL, 560' FSL, Sec. 11, T17S, R30E	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.)		12. COUNTY OR PARISH	
		3727' GR		Eddy NM	
				13. STATE	
				NM	

3. LEASE DESIGNATION AND SERIAL NO.
NM 2746

8. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Gissler

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Grayburg Jackson

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 11, T17S, R30E

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"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" 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"/>	(Other) <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.) *

On 8/23/89, perforated Metex 2862'-66', 2914'-17', 1 SPF, total 9 shots with 4" casing gun. Acidized w/ 550 gal 15% HCl. Fraced 2862'-2986'. with 53,000 gal. gelled water, 46,000 lbs. 20-40 sd and 74,000 lbs 12-20 sd. On 10/16/89, well pumped 25 BOPD, 81 BWPD and 115 MCFGPD. Prior to this treatment, production was 8 BOPD, 30 MCFGPD.

RECEIVED

OCT 19 10 43 AM '89

ADMITTED FOR RECORD
Adam
OCT 30 1989

CARLSBAD, NEW MEXICO

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

SIGNED John C. Methuen TITLE Production Superintendent DATE 10/17/89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side