

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions
reverse side)

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

c/sk

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"/>	<div>RECEIVED BY APR 11 1986 O. C. D. ARTESIAN OFFICE</div>
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 Unit Letter N, 1880' FWL, 660' FSL, Sec. 11, T17S, R30E	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3705 GR

5. LEASE DESIGNATION AND SERIAL NO. NM 2748	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Gissler "B"	
9. WELL NO. 22	
10. FIELD AND POOL, OR WILDCAT Square Lake (GB-SA)	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 11-17S-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"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input checked="" type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input checked="" 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.)*

- 3/19/86 Perforated San Andres 3304'-6', 3327'-29', 3349'-51', 3372'-74, 3399'-3401', 3476'-79', 3510'-13', 1 SPF with 4" casing gun. Total 23 holes. Acidized with 4000 gal. 15% HCl.
- 3/24/86 Perforated Lovington 3084'-88' with 4" casing gun, 1 SPF, total 5 holes. Acidized with 500 gal. 15% HCl, fraced with 11,000 gal. gelled water and 15,000# 20-40 sand.
- 4/ 1/86 Perforated Metex and Premier 2903'-6', 2923'-34', 1 SPF with 4" casing gun. Total 16 holes. Acidized with 1000 gal. 15% HCl. Fraced with 17,100 gal. gelled water, 7700# 20-40 sand, 12,325# 12-20 sand.

ACCEPTED FOR RECORD

Guo
APR 10 1986

CAPISBAD, NEW MEXICO

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

SIGNED John Conner Shaw TITLE Production Superintendent DATE 4/7/86

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side