

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instruction
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

NM 2748

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 BY

MAR -5 1987

O. C. D.

APTESIA

OFFICE

Gissler "B"

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

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 C, 1980' FWL, 660' FNL Sec. 14-17-30

10. FIELD AND POOL OR WILDCAT
E-1 SR-D E-3A
Square Lake (CB SA)

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

14-17S-30E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3700 GR

12. COUNTY OR PARISH
Eddy

13. STATE
NM

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☐
REPAIR WELL ☐ CHANGE PLANS ☐
(Other) ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☒ REPAIRING WELL ☐
FRACTURE TREATMENT ☒ ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☐
(Other) ☐

(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.)

- 12-9-86 Spudded 12 $\frac{1}{4}$ " hole. Drilled to 397'. Reamed hole to 12-5/8" OD. Ran 9 jts. 9-5/8" OD 53.50# casing. Set @ 396' KB. Cemented with 300 sks. Cl C, 2% CaCl₂, 1/4# cellophane/sk. No circulation to surface. Ran temp survey. TOC 350'. Ran 1" to 345'. Cemented with 25 sks. Cl C. TOC 265'. Cemented with 75 sks. Cl C. TOC 210'. Cemented with 100 sks. Cl C, TOC 18'. Cemented with 15 sks. Cl C, circ. 5 sks. WOC 12 hrs. Tested casing to 800 psi, okay.
- 12-11 to 12-16-86 Drilled to 3560' KB. Ran 89 jts. 5 $\frac{1}{2}$ " OD 17# casing. Set @ 3558'KB with stage cementer at 2442'. Cemented first stage (3558-2442') with 500 gal. mud flush, 160 sks. RFC cement. Opened stage cementer, circulated well 3 hrs. Released rig.
- 12-19-86 Cemented second stage (2442'-base salt) with 200 sks. Cl H, 6# salt, 100 sks. Cl H, 4% CaCl₂. WOC 24 hrs.
- 12-20-86 Cemented water flow thru 2442' stage cementer with 200 sks. Cl H, 6% gel and 200 sks. Cl H, 2% CaCl₂. Closed stage cementer with 3000 psi. Cementing complete. WOC 24 hrs.
- 12-24-86 Logged well (GR/Comp Neutron, CBL)
- 1-28-87 Perforated Jackson 3326-29', 3335-37', 3348-58', 18 holes. Acidized with 2000 gal. 15% HCl. Tested.
- 2- 3-87 Perforated Lovington 3072-75', 3086-90'. Acidized with 1000 gal. 15% HCl. Fraced with 15000 gal. gelled water and 20000# 20-40 sd. Tested.

CONTINUED ON PAGE TWO

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

SIGNED

TITLE Production Superintendent

DATE 2/27/87

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
DATE

MAR 02 1987

CARLSBAD, NEW MEXICO

*See Instructions on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
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reverse side)

Form approved.
Budget Bureau No. 1004-0135
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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"/>		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 C, 1980' FWL, 660' FNL Sec. 14-17-30		5. LEASE DESIGNATION AND SERIAL NO. NM 2748		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3700 GR		12. COUNTY OR PARISH Eddy		13. STATE NM		7. AGREEMENT NAME		8. FARM OR LEASE NAME Gissler "B"	
9. WELL NO. 24		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		14. RECEIVED BY MAR -5 1987 O. C. D. ASIA OFFICE	

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 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 PLANE	<input type="checkbox"/>	(Other)			
(Other)	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)						
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PAGE TWO

- 2- 9-87 Perforated Vacuum 2996-3000'. Acidized with 750 gal. 15% HCl. Tested.
- 2-10-87 Perforated Metex 2816-19', 2870-73' and Premier 2916-20'. Acidized with 1300 gal. 15% HCl. Fraced with 48,000 gal. gelled water and 73,350# 20-40 sd. Tested.
- 2-23-87 Potentialled for 175 bbls. oil, 98 MCF gas, 73 bbls. load water.

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

SIGNED _____ TITLE _____ DATE 2/27/87

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side