

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

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"/> API# 30-015-25987 JAN 4 RECD		5. LEASE DESIGNATION AND SERIAL NO. NM 074939	
2. NAME OF OPERATOR Burnett Oil Co., Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 801 Cherry Street, Suite 1500, Fort Worth, Texas 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 L, 1980'FSL, 685'FWL, Sec. 12, T17S, R30E		8. FARM OR LEASE NAME Gissler B	
14. PERMIT NO.		9. WELL NO. 27	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3750'GR		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 12-17S-30E	
		12. COUNTY OR PARISH Eddy	
		13. STATE NM	

18.

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"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Convert to injection <input checked="" type="checkbox"/>	

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <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.) *

We request approval to convert this producing oil well to a water injection well as follows:

- (1) Clean out to 3525' PBTD.
- (2) Set tension packer @ \pm 2931' on either 2-3/8" EUE cement lined or plastic lined tubing.
- (3) Begin injection into perforated interval from 2981' to 3031'.

RECEIVED
SEP 24 10 36 AM '90
CARL
AREA

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

SIGNED John C. M. Phaul TITLE Production Superintendent DATE 9/19/90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 1.3.91
CONDITIONS OF APPROVAL, IF ANY:

Subject to
Like Approval
by State

*See Instructions on Reverse Side