

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD Artesia

FORM APPROVED  
OMB NO. 1004-0135  
Expires: July 31, 2010**SUNDRY NOTICES AND REPORTS ON WELLS**  
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.*5. Lease Serial No.  
NMLC029339A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

**SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other8. Well Name and No.  
JACKSON A 46

2. Name of Operator

BURNETT OIL CO., INC.

Contact: LESLIE M GARVIS

E-Mail: lgarvis@burnettoil.com

9. API Well No.

30-015-41282

3a. Address

BURNETT PLAZA - SUITE 1500 801 CHERRY STREET  
FORT WORTH, TX 76102

3b. Phone No. (include area code)

UNIT 7-382-5081 EXT. 63276102

10. Field and Pool, or Exploratory

CEDAR LAKE GLORIETA YESO

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 12 T17S R30E Mer NMP 2310FSL 1060FEL

11. County or Parish, and State

EDDY COUNTY COUNTY, NM

**12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Production Start-up
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

5/20/13 - NOTIFIED JOE SALCIDO W/ BLM OF TEST, 7:30 AM, 5/19/2013 WITNESSED FAILED TEST, CHANGED OUT ANNULAR, NOTIFIED BLM PHONE OF TEST, NO ONE PRESENT. HOLE SIZE: 8 ???. TEST CSG 1275#, TEST OK.

05/25/13 - TD: 6,091?. RUN DLL/MICRO SFL/CSN GAMMA/DUAL SN/SPECTRA DENSITY/OH BOREHOLE SA .

5/26/13 - RUN 140 JTS 7", 23#, J-55, LTC CSG, TOTAL 6099.51' SET @ 6091', FC @ 6044', ECP PKR @ 2674'-2698', DV TOOL 262672', MJ TOP 3483' BTM 3506', MJ TOP 4466', BTM 4490', 24 CENTRALIZERS. CMT 1ST STAGE W 500 SXS (114 BBLs) PREM H + .125 LBM POLY FLAKE @ 14.2 LB/GAL & 5.58 GAL H2O SX TO YIELD 1.28 CUFT SX. CIRC 40 BBLs, 175 SX CMT TO SURF 1ST STAGE, CMT 2ND STAGE W/ 800 SXS (266 BBLs) PREM LITE + 2% CACL2 + .125 LBM POLYFLAKE @ 12.7 LB/GAL & 10.08 GAL H2O SX TO YIELD 1.87 CUFT SX, FB 100 SXS (24 BBLs) PREM PLUS + 2% CACL2 @ 14.8 LB/GAL & 6.39 GAL H2O SX TO YIELD 1.35 CUFT SX.

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

Electronic Submission #211287 verified by the BLM Well Information System  
For BURNETT OIL CO., INC., sent to the Carlsbad.  
Committed to AFMSS for processing by KURT SIMMONS on 07/02/2013 ()

Name (Printed/Typed) LESLIE M GARVIS

Title REGULATORY COORDINATOR

Signature (Electronic Submission)

Date 06/20/2013

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By

Title

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

**\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\***

**Additional data for EC transaction #211287 that would not fit on the form**

**32. Additional remarks, continued**

CIRC 33 BBLS, 99 SX CMT TO SURF 2ND STAGE.

T

05/27/13 - RR 12:00 PM, 5/26/13