

NM OIL CONSERVATION  
ARTESIA DISTRICT

NOV 05 2014

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Form 3160-5  
(August 2007)UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

## 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.

Bold\* fields are required.

Ret to prod 10-7-14

## Section 1 - Completed by Operator

## 1. BLM Office\*

Carlsbad, NM

## 2. Well Type\*

OIL

## 3. Submission Type\*

- ☐ Notice of Intent  
☒ Subsequent Report

## 4. Action\*

Return to Production

Accepted for record  
RED NMOC 11/5/14

## Operating Company Information

## 5. Company Name\*

BURNETT OIL CO. INC.

## 6. Address\*

BURNETT PLAZA - SUITE 1500  
801 CHERRY STREET - UNIT 9  
FORT WORTH TX 76102

## 7. Phone Number\*

817-332-5108

## Administrative Contact Information

## 8. Contact Name\*

LESLIE \_ GARVIS

## 9. Title\*

REGULATORY COORDIANTOR

## 10. Address\*

BURNETT PLAZA - SUITE 1500  
801 CHERRY STREET - UNIT 9  
FORT WORTH TX 76102

## 11. Phone Number\*

817-332-5108 326

## 12. Mobile Number

## 13. E-mail\*

lgarvis@burnettoil.com

## 14. Fax Number

## Technical Contact Information

☒ Check here if Technical Contact is the same as Administrative Contact.

## 15. Contact Name\*

## 16. Title\*

Pending BLM approvals will  
subsequently be reviewed  
and scanned

30-615-38634

**17. Address\***

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**18. Phone Number\*****19. Mobile Number****21. Fax Number****20. E-mail\*****22. Lease Serial Number\***

NMLC029415B

**24. If Unit or CA/Agreement, Name and/or Number****25. Field and Pool, or Exploratory Area\***

FREN GLORIETA YESO

**Lease and Agreement****County and State for Well****26. County or Parish, State\***

EDDY NM

**Associated Well Information****27. Specify well using one of the following methods:**

- a) Well Name, Well Number, API Number, Section, Township, Range, Qtr/Qtr, N/S Footage, E/W Footage  
 b) Well Name, Well Number, API Number, Latitude, Longitude, Metes & Bounds description

**Well Name\***

NOSLER FEDERAL

**Well Number\***

2

**API Number**

30-015-38634

**Section**

24

**Township**

17S

**Range**

30E

**Meridian**

NEW MEXICO PRINCIPAL

**Qtr/Qtr**

SWSW

**N/S Footage**

530 FSL

**E/W Footage**

330 FWL

**Latitude****Longitude****Metes and Bounds****28. 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 recompleate horizontally, give subsurface locations and measured and true vertical depths of all markers and zones. Attach the Bond under which the work will be performed or provide the Bond Number on file pertinent 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 recompleation 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.


10/3/14 - MIRU W/O UNIT,N/D WELLHEAD,N/U BOP,MOVE IN AND TALLY 169 JTS OF 2 7/8".TBG,R/U SEAT NIPPLE & TIH W/162 JTS OF 2 7/8" TBG, SDON.

10/6/14 - ARR ON LCTN, BLEED DN TBG, R/U SWAB & SWAB TBG ON SANDLINE. SWAB #1 TAG FLUID @ 2300', RIH TO 3300'. SWAB #2 TAG FLUID @ 3000', RIH TO 4000'. SWAB

#3 TAG FLUID @ 3000', RIH TO 4000'. SWAB # 4 TAG FLUID @ 3000', RIH TO 4000', BEGIN TO SWAB.

10/7/14 - BLEED DOWN CSG, TIH W/265 JTS OF 2 7/8" TBG, RIH WITH SWAB ON SANDLINE, SWAB #1 TAG FLUID @ 2500', RIH TO 3500'. SWAB #2 TAG FLUID @ 3400', RIH TO 4400', SWAB. SWAB #3 TAG FLUID @ 3400', RIH TO 4400'. SWAB #4 TAG FLUID @ 3800', RIH TO 4800', SWAB #5 TAG FLUID @ 4000' RIH TO 5000', SWAB #6 TAG FLUID AT 4000', RIH TO 5000', SWAB #7 TAG FLUID @ 4000' RIH TO 5000'. Return to Production 10/6/14. 24 HR Test: 4 BO, 45 BW, 10 MCF.

I hereby certify that the foregoing is true and correct.

<b>29. Name*</b> LESLIE GARVIS	<b>30. Title</b> REGULATORY COORDINATOR
<b>31. Date* (MM/DD/YYYY)</b> 11/03/2014 <input type="text" value="Today"/>	<b>32. Signature*</b> <i>You have the ability to sign this form only if a SmartCard or digital certificate has been issued to you.</i> 

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.

### Section 2 - System Receipt Confirmation

<b>33. Transaction</b> 275592	<b>34. Date Sent</b> 11/03/2014	<b>35. Processing Office</b> Carlsbad, NM
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### Section 3 - Internal Review #1 Status

<b>36. Review Category</b>	<b>37. Date Completed</b>	<b>38. Reviewer Name</b>
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