Form 3160-5 (June 2015)								FORM APPROVED OMB NO. 1004-0137 Expires: January 31, 2018 5. Lease Serial No.			
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals of the SOM deriver of Office abandoned well. Use form 3160-3 (APD) for such proposals.								S. Lease Serial No. NMLC055264			
	abandoned wei	ll. Use form 3160-3 (AP	D) for such i	proposal	s. mtoc						
SUBMIT IN TRIPLICATE - Other instructions on page 2								7. If Unit or CA/Agreement, Name and/or No.			
1. Type of Well Solution Of Well Solution Solutio								8. Well Name and No. JACKSON B 16			
2. Name of Operator BURNETT OIL COMPANY INC E-Mail: Igarvis@burnettoil.com					VIS			9. API Well No. 30-015-04317-00-S1			
3a. Address 3b. Phone No. (include area cod							10.	10. Field and Pool or Exploratory Area			
801 CHERR FORT WOR	Ph: 817.583.8730					FREN					
4. Location of We	1 -					11. County or Parish, State					
Sec 24 T175					E	EDDY COUNTY, NM					
12.	CHECK THE AF	PROPRIATE BOX(ES)	TO INDICA	TE NAT	URE OF	NOT	ICE, REP	ORT, OI	R OTHER	DATA	
TYPE OF S	TYPE OF SUBMISSION TYPE OF ACTION										
□ Notice of I	□ Notice of Intent			Deepen			Production (Start/Resume)			Water Shut-Off	
	Alter Casing			Hydraulic Fracturing						Well Integrity	
	donment Notice	Casing Repair Change Plans	—	-			complete mporarily Abandon			🗖 Other	
Convert to Injection						ater Dispos	•				
If the proposal Attach the Bon following comp testing has been determined that	is to deepen directiona d under which the wor oletion of the involved a completed. Final Ab t the site is ready for fi	•	give subsurface the Bond No. o sults in a multip ed only after all	locations a n file with I le completio requiremen	nd measure BLM/BIA. on or recorts, includu	ed and t Requir npletion ng recla	rue vertical ed subseque i in a new in mation, have	depths of a ent reports r terval, a Fo e been com	Il pertinent n nust be filed orm 3160-4 n pleted and th	arkers and zones. within 30 days oust be filed once	
PARAFFIN. DROP STNI	RUN IN W/ 2" SP D VLV. RU KT. TE	O UNIT. UNHANG WELI IRAL PARAFFIN KNIFE ST TBG TO 1000 PSI & PSI. RDMO W/O UNIT. 6	& CUT PARA HELD. RETF	FFIN. CL	N UP P/ VLV. RU	ARAFF J KT. L	IN TO SN	I. LAY DI	N KNIFE. PMP		
	N well test: BO 1.								RECE	ved	
SEP 1 2 201									2 2018		
								DIST	RICT II-A	RTESIA O.C.D.	
14. I hereby certif	y that the foregoing is	true and correct. Electronic Submission # For BURNETT itted to AFMSS for process	OIL COMPAN	YIŃC, se	nt to the	Carist	badi 🧴				
Name (Printed/Typed) LESLIE GARVIS					Title REGULATORY MANAGER						
Signature (Electronic Submission)					Date 09/04/2018						
<u> </u>		THIS SPACE FO	OR FEDERA				FHSE-	0000	7	·····	
					JEF HE	97	UKKE	GOKD			
Approved By Conditions of approv certify that the applic which would entitle t		Title Øffice	\$E	P 0 7	2018	/s/	Jonath	Date Ion Shepard			
Title 18 U.S.C. Secti States any false, fic	on 1001 and Title 43 ctitious or fraudulent s	erson know ithin its fur	Net X and P	MILANIY	MANAGE	any depart MENT	nent or agen	cy of the United			
(Instructions on page	• 2)	SED ** BLM REVISED					20 01110	L	VISED **		