Submit 1 Copy To Appropriate District Office	State of I	New Mexico		Form C-103
District I	Energy, Minerals	and Natural Resources		October 13, 2009
1625 N. French Dr., Hobbs, NM 88240			WELL API NO	
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-015-21386	
District III	1220 South St. Francis Dr.		5. Indicate Type of	
1000 Rio Brazos Rd., Aztec, NM 87410		, NM 87505	STATE [J FEE L
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	Santa re	, 14141 07505	6. State Oil & Ga	s Lease No.
87505				
SUNDRY NOT	CES AND REPORTS ON	WELLS	7. Lease Name or	Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPO				_
DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)	CATION FOR PERMIT" (FORM	1 C-101) FOR SUCH	Jackson B	
1. Type of Well: Oil Well	Gas Well Other M	liu/	8. Well Number	
			30	
2. Name of Operator			9. OGRID Number	er
BURNETT OIL CO., INC	**************************************		03080	
3. Address of Operator	U T 76100		10. Pool name or	Wildcat
801 Cherry St. Ste. 1500 Fort Word	th, Texas /6102		Square Lake	
4. Well Location				
Unit Letter_N_:_66	0'feet from the SOUTH	line and 1980'	feet from the _WEST	line
Section 1	Township 17S I	Range 30E	NMPM Co	ounty EDDY
	11. Elevation (Show wh			
	3717 F			
12 Check A	Appropriate Box to Inc	licate Nature of Noti	ce Report or Other	Data
12. 0.000.	appropriate Box to the	,, , , , , , , , , , , , , , , , , , ,	ico, resport or other	Dutu
NOTICE OF IN	TENTION TO:	S	UBSEQUENT REF	PORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	☐ REMEDIAL W	VORK 🛛	ALTERING CASING 🗌
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE	DRILLING OPNS.	PANDADEOE
PULL OR ALTER CASING	MULTIPLE COMPL	☐ CASING/CEM	MENT JOB	RECEIVI
DOWNHOLE COMMINGLE		İ		i
DOWN TOLL COMMITTOLL (8 NOV 4 P 66
		_		NOV 15 20
OTHER:			Repair to pass MIT	
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OTHER: 13. Describe proposed or comp of starting any proposed wo	ork). SEE RULE 19.15.7.1	state all pertinent details	ing REPAIR , and give pertinent date	NMOCD ART
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Spud Date: 1-11-75 Rig Release Date: 1-16-75
I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE May Cuth Starley TITLE_RegulatoryCoordinatorDATE
TITLE_RegulatoryCoordinatorDATE
Type or print name _Mary Carter Starkey E-mail address: mcstarkey@burnettoil.com PHONE: 817-332-5108 For State Use Only
APPROVED BY: RUMPED INGUE TITLE COMPUNITY OFFICE DATE USING Conditions of Approval (if any):
Conditions of Approval (if any):