

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

0CD-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.

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other: INJECTION		5. Lease Serial No. NMNM074939
2. Name of Operator BURNETT OIL COMPANY INC		6. If Indian, Allottee or Tribe Name
Contact: MARY STARKEY E-Mail: mcstarkey@burnettoil.com		7. If Unit or CA/Agreement, Name and/or No.
3a. Address 801 CHERRY STREET UNIT 9 FORT WORTH, TX 76102-6881	3b. Phone No. (include area code) Ph: 817-332-5108	8. Well Name and No. GISSLER B 26
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 14 T17S R30E SENW 1980FNL 1980FWL		9. API Well No. 30-015-25763-00-S1
		10. Field and Pool, or Exploratory GRAYBURG
		11. County or Parish, and State EDDY 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 Workover Operatic
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<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 recompletion 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.)

Completion of well work over

10/08/10

TIH W/ WIRELINE, FREE POINT & STRING

SHOT CSG @ 196' & BACK OFF CSG. R/D ROTARY WIRELINE & TOH L/D 6 JTS OF 42", 11.6# J-55

STC CSG. HAD A SMALL HOLE IN THE BTM OF THE 4 TH JT OF CSG. HAUL IN 9 JTS OF NEW 42", 11.6#

J-55, STC CSG & TALLY, TIH W/6 JTS OF CSG & LIGHTLY TAG UP ON CSG PIN, ROTATE CSG W/ PIPE WRENCH TO MAKE UP CSG COUPLING, THEN TORQUE TO OPTIMUM RECOMMENADTION OF 1540 FT-POUNDS W/ BULL ROGERS CSG TONGS. SET SLIPS IN 8 5/8" CSG HEAD & N/U R/D BULL ROGERS CSG CREW, MOVE IN WELDER & CUT 4? ? CSG ABOVE 8 5/8" HEAD, WELD ON SLIP TO PIN 8 RD THREAD, N/U 42" X 2 3/8" CSG HEAD, N/U BOP, TIH W/RBP RETRIEVING HEAD ON 2 3/8" WORKSTRING & TAG SAND ON TOP OF RBP, R/U KILL TRK & TEST 4 1/2" CSG TO 600 PSI FOR 30 MIN(TESTED GOOD NO BLEED OFF). WASH SAND OFF RBP, RELEASE RBP, TOH W/RBP L/D 2 3/8"

Accepted for record

NMOCD

11/16/10

RECEIVED

NOV 15 2010

NMOCD ARTESIA

14. I hereby certify that the foregoing is true and correct.	
Electronic Submission #96342 verified by the BLM Well Information System For BURNETT OIL COMPANY INC, sent to the Carlsbad Committed to AFMSS for processing by KURT SIMMONS on 11/02/2010 (10KMS2334SE)	
Name (Printed/Typed) MARY STARKEY	Title REGULATORY COORDINATOR
Signature (Electronic Submission)	Date 11/01/2010

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By	JAMES A AMOS Title SUPERVISOR EPS	Date 11/11/20
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 Carlsbad

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.

**** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ****

Additional data for EC transaction #96342 that would not fit on the form

32. Additional remarks, continued

WORKSTRING. SHUT DN FOR THE DAY. WILL TIH W/PC AD-1 ON 2 3/8" CL TBG IN AM TO PERFORM MIT TEST.

Passed MIT chart attached