

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

9/51

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

RECEIVED

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER Water Injection Well API#30-015-04141		5. LEASE DESIGNATION AND SERIAL NO. LC 030570-A
2. NAME OF OPERATOR Burnett Oil Co., Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 801 Cherry Street, Suite 1500, Fort Worth, TX		7. UNIT AGREEMENT NAME Grayburg Jackson (San Andres)
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit L, 660'FWL, 1980'FSL, Sec. 13, T17S, R30E		8. FARM OR LEASE NAME GJSAU
14. PERMIT NO.		9. WELL NO. 19
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3713' GR		10. FIELD AND POOL, OR WILDCAT Grayburg-Jackson
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 13, T17S, R30E
		12. COUNTY OR PARISH Eddy
		13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input checked="" type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS: (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Recent artificially induced surface pressure tests on dead strings of casing ordered by the NMOCD necessitated repairs to this well. On August 1, 1989, a 7" x 37" casing nipple was replaced, the well retested and approved for resumption of injection by NMOCD.

RECEIVED
 AUG 1 1989
 10:57 AM '89
 OFFICE OF THE
 ASSISTANT SECRETARY
 FOR LAND AND WATER
 RESOURCES

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

SIGNED John C. McPhaul TITLE Production Superintendent DATE 8/1/89

(This space for Federal or State office use)

APPROVED BY (ORIG. SGD.) DAVID R. GLASS TITLE _____ DATE _____

CONDITIONS OF APPROVAL AUG 1 1989

CARLSBAD, NEW MEXICO See Instructions on Reverse Side