

District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 S. First St., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources

Form C-104
Revised August 1, 2011

Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Submit one copy to appropriate District Office

AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator name and Address Burnett Oil Co., Inc. Burnett Plaza - Suite 1500 801 Cherry Street - Unit 9 Fort Worth, Texas 76102		² OGRID Number 03080
		³ Reason for Filing Code/ Effective Date New Well
⁴ API Number 30 - 015-41399	⁵ Pool Name Cedar Lake Glorieta Yeso <i>NSL-6839 1B</i>	⁶ Pool Code 96831
⁷ Property Code 2391	⁸ Property Name Jackson B	⁹ Well Number 47

II. ¹⁰ Surface Location

UI or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
<i>10</i>	1	17S	30E		330'	South	1550'	East	Eddy

¹¹ Bottom Hole Location Same as Above

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

¹² Lse Code F	¹³ Producing Method Code P	¹⁴ Gas Connection 09/07/2013	¹⁵ C-129 Permit Number	¹⁶ C-129 Effective Date	¹⁷ C-129 Expiration Date
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III. Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ O/G/W
015694	Holly Frontier Corporation Navajo Refinery P.O. Box 159 Artesia, NM 88211	O
036785	DCP Midstream LLC 5718 Westheimer, Suite 2000 Houston, Texas 77057	G

RECEIVED
OCT 10 2013
NMOCD ARTESIA

IV. Well Completion Data

²¹ Spud Date 7/22/2013	²² Ready Date 07/29/2013	²³ TD 6077'	²⁴ PBDT 6043'	²⁵ Perforations 5437 to 5684'	²⁶ DHC, MC
²⁷ Hole Size	²⁸ Casing & Tubing Size	²⁹ Depth Set	³⁰ Sacks Cement		
14.75"	10.75"	470'	400		
8.75"	7.0"	6077'	2600		
	2.875"	5314'			

V. Well Test Data

³¹ Date New Oil 9/7/2013	³² Gas Delivery Date 9/7/2013	³³ Test Date 9/21/2013	³⁴ Test Length 24 hours	³⁵ Tbg. Pressure 300#	³⁶ Csg. Pressure 700#
³⁷ Choke Size 170	³⁸ Oil	³⁹ Water 1149	⁴⁰ Gas 881		⁴¹ Test Method P

⁴² I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: *Leslie M. Garvis*

Printed name:
Leslie M. Garvis

Title:
Regulatory Coordinator

E-mail Address:
lgarvis@burnettoil.com

Date:
10/9/13

Phone:
817-332-5108 x6326

OIL CONSERVATION DIVISION

Approved by:

T.C. Shepard

Title:

"Geologist"

Approval Date:

10/15/13

Form 3160-4
(August 2007)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

WELL COMPLETION OR RE-COMPLETION REPORT AND LOG

Bold* fields are required.

Section 1 - Completed by Operator		RECEIVED OCT 10 2013
1. BLM Office* Carlsbad, NM	2. Well Type* OIL	
3. Completion Type* New Well		NMOCD ARTESIA
Operating Company Information		
4. Company Name* BURNETT OIL CO., INC		
5. Address* BURNETT PLAZA - SUITE 1500 801 CHERRY STREET - UNIT 9 FORT WORTH TX 76102	6. Phone Number* 817-332-5108	
Administrative Contact Information		
7. Contact Name* LESLIE M GARVIS	8. Title* REGULATORY COORDINATOR	
9. Address* BURNETT PLAZA - SUITE 1500 801 CHERRY STREET - UNIT 9 FORT WORTH TX 76102	10. Phone Number* 817-332-5108	
	11. Mobile Number _____	
12. E-mail* lgarvis@burnettoil.com	13. Fax Number _____	
Technical Contact Information		
<input checked="" type="checkbox"/> Check here if Technical Contact is the same as Administrative Contact.		
14. Contact Name* _____	15. Title* _____	
16. Address* _____ _____	17. Phone Number* _____	
	18. Mobile Number _____	

19. E-mail*	20. Fax Number
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Surface Location				
21. Specify location using one of the following methods: a) State, County, Section, Township, Range, Meridian, N/S Footage, E/W Footage, with Qtr/Qtr, Lot, or Tract b) State, County, Latitude, Longitude, Metes & Bounds description				
State* NM	County or Parish* EDDY			
Section 1	Township 17S	Range 30E	Meridian	
Qtr/Qtr —	Lot # —	Tract # —	N/S Footage 330 FSL	E/W Footage 1550 FEL
Latitude —	Longitude —	Metes and Bounds		

Producing Interval Location				
22. Specify location or <input checked="" type="checkbox"/> Check here if the producing hole location is the same as the surface location.				
State* —	County or Parish* —			
Section —	Township —	Range —	Meridian	
Qtr/Qtr —	Lot # —	Tract # —	N/S Footage — FNL	E/W Footage — FEL
Latitude —	Longitude —	Metes and Bounds		

Bottom Location				
23. Specify location or <input checked="" type="checkbox"/> Check here if the bottom hole location is the same as the surface location.				
State* —	County or Parish* EDDY			
Section —	Township —	Range 30E	Meridian	
Qtr/Qtr —	Lot # —	Tract # —	N/S Footage — FNL	E/W Footage — FEL
Latitude —	Longitude —	Metes and Bounds		

Lease and Agreement

24. Lease Serial Number*

NMNM2747

26. If Unit or CA/Agreement, Name and/or Number

27. Field and Pool, or Exploratory Area*

CEDAR LAKE GLORIETA YESO

Well

28. Well Name*

JACKSON B

29. Well Number*

47

30. API Number

30-015-41399

31. Date Spudded

07/22/2013

32. Date T.D. Reached

07/29/2013

33. Date Completed

09/07/2013

Dry & Abandoned

Ready to Produce

34. Elevations (DF, RKB, RT, GL)

3706 Ground Level

35. Total Depth:

MD 6077
TVD 6077

36. Plug Back Total Depth:

MD 6043
TVD 6043

37. Depth Bridge Plug Set:

MD _____
TVD _____

38. Type Electric & Other Mechanical Logs Run

(Submit copy of each)

RUN DLL/MS/CSN GAMMA/DUALSN/SD/BOREHOLE SA

39.

Was Well Cored? No Yes (Submit Analysis)

Was DST run? No Yes (Submit Report)

Directional Survey? No Yes (Submit Copy)

40. Casing and Liner Record (Report all strings set in well)

Hole Size	Casing Size	Grade	Wt. (#/ft.)	Top (MD)	Bottom (MD)	Stage Cementer Depth	No. of Sks.	Slurry Vol. (BBL)	Cement Top	Amount Pulled
14.75	10.75	H40	32.8	0	470	—	400	105	—	—
8.75	7	J55	23	0	6077	—	2600	794	—	—
—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—

41. Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)
2.875	5314	—

42. Producing Intervals

Formation	Top (MD)	Bottom (MD)
A)GLORIETA	4486	4562

		B)YESO	4462	5963
		C) _____	_____	_____
		D) _____	_____	_____

43. Perforation Record

Top	Bottom	Size	No. Holes	Perf. Status
5437	5661	0.4	36	OPEN
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

44. Acid, Fracture, Treatment, Cement Squeeze, etc.

Top	Bottom	Amount and Type of Material
5437	5684	SPOT 250 GAL 15% NEFE ACID ACROSS PERFS
5437	5684	ACIDIZE W 2500 GAL 15% NEFE ACID & 72 BALL SEALERS
5437	5684	SLICKWATER FRAC W 713,790 GAL SLICKWATER, 20,060# 100 MESH, 209,558# 40/70 SN
_____	_____	_____

45. Production Method and Well Status for Production Intervals

Production Method Electric Pumping Unit	Well Status Producing Oil Well
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46. Production - Interval A

Date First Produced	Test Date	Hours Tested	Test Production	Oil (BBL)	Gas (MCF)	Water (BBL)	Oil Gravity Corr. API	Gas Gravity
09/07/2013	09/21/2013	24	>>>>>	170	1149	881	38.3	.80
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	
_____	_____	_____	>>>>>	_____	_____	_____	_____	_____

47. Production - Interval B

Date First Produced	Test Date	Hours Tested	Test Production	Oil (BBL)	Gas (MCF)	Water (BBL)	Oil Gravity Corr. API	Gas Gravity
_____	_____	_____	>>>>>	_____	_____	_____	_____	_____
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	
_____	_____	_____	>>>>>	_____	_____	_____	_____	_____

48. Production - Interval C

Date First Produced	Test Date	Hours Tested	Test Production	Oil (BBL)	Gas (MCF)	Water (BBL)	Oil Gravity Corr. API	Gas Gravity
_____	_____	_____	_____	_____	_____	_____	_____	_____

_____	_____	_____	>>>>>	_____	_____	_____	_____	_____
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	
_____	_____	_____	>>>>>	_____	_____	_____	_____	

49. Production - Interval D

_____	_____	_____	>>>>>	_____	_____	_____	_____	_____
Date First Produced	Test Date	Hours Tested	Test Production	Oil (BBL)	Gas (MCF)	Water (BBL)	Oil Gravity Corr. API	Gas Gravity
_____	_____	_____	>>>>>	_____	_____	_____	_____	_____
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	
_____	_____	_____	>>>>>	_____	_____	_____	_____	

50. Disposition of Gas (Sold, used for fuel, vented, etc.)

Sold

51. Summary of Porous Zones (Include Aquifers): Show all important zones of porosity and contents thereof. Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.				52. Formation (Log) Markers	
Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top (MD)
GLORIETA	4486	4562	_____	RUTLER	284
YESO	4562	5963	_____	SALT	528
_____	_____	_____	_____	BASE SALT	1263
_____	_____	_____	_____	YATES	1447
_____	_____	_____	_____	SEVEN RIVERS	1710
_____	_____	_____	_____	QUEEN	2308
_____	_____	_____	_____	GRAYBURG	2734
_____	_____	_____	_____	SAN ANDRES	3035

53. Additional remarks (include plugging procedure):

Logs Sent by mail

54. Indicate which items have been attached by placing a check in the appropriate boxes:

- Electrical/Mechanical Logs (1 full set req'd.)
 Geologic Report
 DST Report
 Directional Survey
 Sundry Notice for plugging and cement verification
 Core Analysis
 Other:

I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions)*

55. Name LESLIE M GARVIS	56. Title REGULATORY COORDINATOR
57. Date* (MM/DD/YYYY) 10/09/2013 	58. Signature* <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

59. Transaction	60. Date Sent	61. Processing Office
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Section 3 - Internal Review #1 Status

62. Review Category	63. Date Completed	64. Reviewer Name
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65. Comments		

Section 4 - Internal Review #2 Status		
66. Review Category	67. Date Completed	68. Reviewer Name
69. Comments		

Section 5 - Internal Review #3 Status		
70. Review Category	71. Date Completed	72. Reviewer Name
73. Comments		

Section 6 - Internal Review #4 Status		
74. Review Category	75. Date Completed	76. Reviewer Name
77. Comments		

Section 7 - Final Approval Status			
78. Disposition	79. Date Completed	80. Reviewer Name	81. Reviewer Title
82. Comments			

INSTRUCTIONS

GENERAL: This form is designed for submitting a complete and correct well completion/recompletion report and log on all types of wellson Federal and Indian leases to a Federal agency pursuant to applicable Federal laws and

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.

Section 1 - Completed by Operator	
1. BLM Office* Carlsbad, NM	2. Well Type* OIL
3. Submission Type* <input type="radio"/> Notice of Intent <input checked="" type="radio"/> Subsequent Report <input type="radio"/> Final Abandonment Notice	4. Action* Production Start-up
Operating Company Information	
5. Company Name* BURNETT OIL CO., INC.	
6. Address* BURNETT PLAZA - STUITE 1500 801 CHERRY STREET - UNIT 9 FORT WORTH TX 76102	7. Phone Number* 817-332-5108
Administrative Contact Information	
8. Contact Name* LESLIE M GARVIS	9. Title* REGULATORY COORDINATOR
10. Address* BURNETT PLAZA - STUITE 1500 801 CHERRY STREET - UNIT 9 FORT WORTH TX 76102	11. Phone Number* 817-332-5108 6326 12. Mobile Number _____
13. E-mail* lgarvis@burnettoil.com	14. Fax Number _____
Technical Contact Information	
<input checked="" type="checkbox"/> Check here if Technical Contact is the same as Administrative Contact.	
15. Contact Name*	16. Title*

17. Address* _____ _____ _____	18. Phone Number* _____ _____
20. E-mail* _____	19. Mobile Number _____ _____
	21. Fax Number _____

Lease and Agreement	
22. Lease Serial Number* NMNM2747	_____
24. If Unit or CA/Agreement, Name and/or Number _____	25. Field and Pool, or Exploratory Area* CEDAR LAKE GLORIETA YESO

County and State for Well	
26. County or Parish, State* EDDY COUNTY 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* JACKSON B		Well Number* 47	
		API Number 30-015-41399	
Section I	Township 17S	Range 30E	Meridian
Qtr/Qtr —	N/S Footage 330 FSL		E/W Footage 1550 FEL
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 recompleat 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 recompleat 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.

8/28/13 - TEST CSG TO 1500 PSI (GOOD).

8/29/13 - PERFORATE @ 5437', 5458', 5478', 5486', 5528', 5555', 5562', 5632', 5661', 5684', 3

SPF, 12 INT, 36 HOLES.

08/30/13 - SPOT 250 GAL 15% NEFE ACID ACROSS PERFS, ACIDIZE W 2500 GAL 15% NEFE ACID & 72 BALL SEALERS.

09/03/13 - SLICKWATER FRAC W 713,790 GAL SLICKWATER, 20,060# 100 MESH, 209,558# 40/70 SN.

INSTALLED: 167 JTS 2 7/8" TBG 5314, SN 5315', GE TD650, 230 STAGE PUMP 5363', DESANDER 5367', 2 JTS 2 7/8" J55 TBG 5430', INTAKE 5340'.

9/8/13 - FIRST DAY OF PRODUCTION 09/07/13, 80 BO, 1100 BLW, 100 MCF, 1362 BHP, 2222' FLAP, 12,695 BLWTR, 400# CSG, 250# TBG, 55 HZ

9/21/13 - 24 HR Test: 170 BO, 881 BLW, 1149 MCF, 878 BHP, 180' FLAP, 5,311 BLWTR, 700# CSG, 300# TBG, 55 HZ

I hereby certify that the foregoing is true and correct.

29. Name* LESLIE M GARVIS	30. Title REGULATORY COORDINATOR
31. Date* (MM/DD/YYYY) 10/04/2013 <input type="button" value="Today"/>	32. Signature* <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

33. Transaction 222272	34. Date Sent 10/08/2013	35. Processing Office Carlsbad, NM
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Section 3 - Internal Review #1 Status

36. Review Category	37. Date Completed	38. Reviewer Name
_____	_____	_____
39. Comments		

Section 4 - Internal Review #2 Status		
40. Review Category	41. Date Completed	42. Reviewer Name
_____	_____	_____
43. Comments		

Section 5 - Internal Review #3 Status		
44. Review Category	45. Date Completed	46. Reviewer Name
_____	_____	_____
47. Comments		

Section 6 - Internal Review #4 Status		
48. Review Category	49. Date Completed	50. Reviewer Name
_____	_____	_____
51. Comments		

Section 7 - Final Approval Status			
52. Disposition	53. Date Completed	54. Reviewer Name	55. Reviewer Title
_____	_____	_____	_____
56. Comments			

GENERAL INSTRUCTIONS

This form is designed for submitting proposals to perform certain well operations and reports of such operations