

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 - 015-41289	⁵ Pool Name Cedar Lake Glorieta Yeso	⁶ Pool Code 96831
⁷ Property Code 2391	⁸ Property Name Jackson B	⁹ Well Number 61

II. ¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
P	12	17S	30E		2310'	North	330'	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	¹³ Producing Method Code	¹⁴ Gas Connection	¹⁵ C-129 Permit Number	¹⁶ C-129 Effective Date	¹⁷ C-129 Expiration Date
F	P	09/23/2013			

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	²² Ready Date	²³ TD	²⁴ PBTB	²⁵ Perforations	²⁶ DHC, MC
7/27/2013	9/22/2013	6100'	6052'	5768 to 6008'	

²⁷ Hole Size	²⁸ Casing & Tubing Size	²⁹ Depth Set	³⁰ Sacks Cement
14.75"	10.75"	550'	400
8.75"	7.0"	6100'	2290
	2.875"	5779'	

V. Well Test Data

³¹ Date New Oil	³² Gas Delivery Date	³³ Test Date	³⁴ Test Length	³⁵ Tbg. Pressure	³⁶ Csg. Pressure
9/23/2013	9/23/2013	10/6/2013	24 hours	220#	200#

³⁷ Choke Size	³⁸ Oil	³⁹ Water	⁴⁰ Gas	⁴¹ Test Method
150		619	260	P

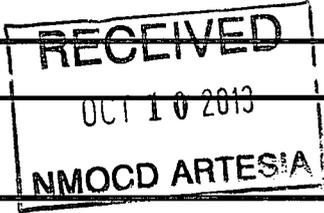
⁴² I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Signature: <i>Leslie M. Garvis</i> Printed name: Leslie M. Garvis Title: Regulatory Coordinator E-mail Address: lgarvis@burnettoil.com Date: 10/9/13	OIL CONSERVATION DIVISION
	Approved by: <i>T. C. Shepard</i>
	Title: Geologist
	Approval Date: <i>10/17/2013</i>
	Phone: 817-332-5108 x6326

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	
1. BLM Office* Carlsbad, NM	2. Well Type* OIL

3. Completion Type*
New Well

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 US Government shut-down, this form is being 'Accepted for Record Only' by NMOCD. / LRD	
14. Contact Name* _____	15. Contact 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 12	Township 17S	Range 30E	Meridian	
Qtr/Qtr —	Lot # —	Tract # —	N/S Footage 2310 FNL	E/W Footage 330 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* NMLC055264	
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* 61	30. API Number 30-015-41542
31. Date Spudded 07/27/2013	32. Date T.D. Reached 08/08/2013	33. Date Completed 09/22/2013 <input type="checkbox"/> Dry & Abandoned <input checked="" type="checkbox"/> Ready to Produce
		34. Elevations (DF, RKB, RT, GL) 3722 Ground Level

35. Total Depth: MD 6100 TVD 6100	36. Plug Back Total Depth: MD 6052 TVD 6052	37. Depth Bridge Plug Set: MD _____ TVD _____
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38. Type Electric & Other Mechanical Logs Run (Submit copy of each) RUN DLL/MS/CSN GAMMA/DUALSN/SD/BOREHOLE SA	39. Was Well Cored? <input checked="" type="radio"/> No <input type="radio"/> Yes (Submit Analysis) Was DST run? <input checked="" type="radio"/> No <input type="radio"/> Yes (Submit Report) Directional Survey? <input checked="" type="radio"/> No <input type="radio"/> Yes (Submit Copy)
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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	550	—	400	105	—	—
8.75	7	J55	23	0	6100	—	2290	680	—	—
—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—

41. Tubing Record	42. Producing Intervals												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Size</th> <th>Depth Set (MD)</th> <th>Packer Depth (MD)</th> </tr> <tr> <td>2.875</td> <td>5656</td> <td>—</td> </tr> </table>	Size	Depth Set (MD)	Packer Depth (MD)	2.875	5656	—	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Formation</th> <th>Top (MD)</th> <th>Bottom (MD)</th> </tr> <tr> <td>A)GLORIETA</td> <td>4568</td> <td>4647</td> </tr> </table>	Formation	Top (MD)	Bottom (MD)	A)GLORIETA	4568	4647
Size	Depth Set (MD)	Packer Depth (MD)											
2.875	5656	—											
Formation	Top (MD)	Bottom (MD)											
A)GLORIETA	4568	4647											

2.875	5779	B)YESO	4647	6021
		C)		
		D)		

43. Perforation Record

Top	Bottom	Size	No. Holes	Perf. Status
5768	6008	0.4	44	OPEN

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

Top	Bottom	Amount and Type of Material
5768	6008	SPOT 250 GAL 15% NEFE ACID ACROSS PERFS
5768	6008	ACIDIZE W 2500 GAL 15% NEFE ACID & 88 BALL SEALERS
5768	6008	SLICKWATER FRAC W 1,073,478 GAL SLICKWATER, 41,120# 100 MESH, 215,114# 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
09/23/2013	10/06/2013	24	>>>>>	150	260	619	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	4568	4647	_____	RUTLER	406
YESO	4647	6021	_____	SALT	546
_____	_____	_____	_____	BASE SALT	1307
_____	_____	_____	_____	YATES	1492
_____	_____	_____	_____	SEVEN RIVERS	1761
_____	_____	_____	_____	QUEEN	2381
_____	_____	_____	_____	GRAYBURG	2776
_____	_____	_____	_____	SAN ANDRES	3080

53. Additional remarks (include plugging procedure):

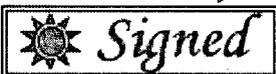
Logs Sent by mail

(This area is intentionally left blank for attachments or additional information.)

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
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57. Date* (MM/DD/YYYY) 10/09/2013 <input type="button" value="Today"/>	58. Signature* <i>You have the ability to sign this form only if a SmartCard or digital certificate has been issued to you.</i> 
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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		
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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

JACKSON B 61

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 - SUITE 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 - SUITE 1500 801 CHERRY STREET - UNIT 9 FORT WORTH TX 76102	11. Phone Number* 817-332-5108 6326
13. E-mail* lgarvis@burnettoil.com	12. Mobile Number _____
	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* NMLC055264	
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* 61	API Number 30-015-41542	
Section 12	Township 17S	Range 30E	Meridian NEW MEXICO PRINCIPAL
Qtr/Qtr —	N/S Footage 2310 FNL		E/W Footage 330 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 recomplate 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 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.

9/11/13 - TEST CSG TO 1500# - OK, PBTD 6052'.

9/12/13 - PERFORATE 11 INT, 4 SPF @ 5768', 5790', 5828', 5854', 5882', 5906', 5930', 5948',

5954', 5994', 6008'.

09/13/13 - SPOT 250 GAL 15% NEFE ACID ACROSS PERFS, ACIDIZE W 2500 GAL 15% NEFE ACID & 88 BALL SEALERS.

09/16/13 - SLICKWATER FRAC W 1,073,478 GAL SLICKWATER, 41,120# 100 MESH, 215,114# 40/70 SN.

9/18/13 - INSTALLED: 180 JTS 2 7/8" J55 TBG 5656', KB (9') 5665', SN 5666', ESP 5716', 2 JTS 2 7/8" J55 TBG 5779', INTAKE 5692'.

9/23/13 - FIRST DAY OF PRODUCTION 09/22/13. 30 BO, 1125 BW, 70 MCF, 1805 BHP, 4007' FLAP, 13,638 BLWTR, 50# CSG, 300# TBG, 55 HZ.

10/6/13 - 150 BO, 619 BW, 260 MCF, 934 BHP, 1695' FLAP, 2,141 BLWTR, 200# CSG, 220# 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)

10/09/2013

32. Signature*

You have the ability to sign this form only if a SmartCard or digital certificate has been issued to you.

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

34. Date Sent

35. Processing Office

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

This form is designed for submitting proposals to perform certain well operations, and reports on such operations when completed, as indicated on Federal and Indian lands pursuant to applicable Federal law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from the local Federal office.

SPECIFIC INSTRUCTIONS

Item 27 - Locations on Federal or Indian land should be described in accordance with Federal requirements. Consult the local Federal office for specific instructions.

Item 28 - Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by the local Federal office. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well and date well site conditioned for final inspection looking to approval of the abandonment.

NOTICE

The Privacy Act of 1974 and the regulation in 43 CFR 2.48(d) provide that you be furnished the following information in connection with information required by this application.

AUTHORITY: 30 U.S.C. 181 et seq., 351 et seq., 25 U.S.C. 396; 43 CFR 3160.

PRINCIPAL PURPOSE: The information is used to: (1) Evaluate, when appropriate, approve applications, and report completion of subsequent well operations, on a Federal or Indian lease; and (2) document for administrative use, information for the management, disposal and use of National Resource lands and resources, such as: (a) evaluating the equipment and procedures to be used during a proposed subsequent well operation and reviewing the completed well operations for compliance with the approved plan; (b) requesting and granting approval to perform those actions covered by 43 CFR 3162.3-2, 3162.3-3, and 3162.3-4; (c) reporting the beginning or resumption of production, as required by 43 CFR 3162.4-1(c) and (d) analyzing future applications to drill or modify operations in light of data obtained and methods used.

ROUTINE USES: Information from the record and/or the record will be transferred to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal or regulatory investigations or prosecutions in connection with congressional inquiries or to consumer reporting agencies to facilitate collection of debts owed the Government.

EFFECT OF NOT PROVIDING THE INFORMATION: Filing of this notice and report and disclosure of the information is mandatory for those subsequent well operations specified in 43 CFR 3162.3-2, 3162.3-3, 3162.3-4.

The Paperwork Reduction Act of 1995 requires us to inform you that:

This information is being collected to evaluate proposed and/or completed subsequent well operations on Federal or Indian oil and gas leases.

Response to this request is mandatory.

BLM would like you to know that you do not have to respond to this or any other Federal agency-sponsored

information collection unless it displays a currently valid OMB control number.

BURDEN HOURS STATEMENT

Public reporting burden for this form is estimated to average 25 minutes per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to U.S. Department of the Interior, Bureau of Land Management (1004-0135), Bureau Information Collection Clearance Officer, (WO-630), Mail Stop 401 LS, 1849 C St., N.W., LS, Washington D.C. 20240