

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised August 1, 2011

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" (FORM C-101) FOR PROPOSALS.)		WELL API NO. 30-015-04148
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Burnett Oil Co. Inc.		6. State Oil & Gas Lease No. Fed Lease NMNM074939
3. Address of Operator Burnett Plaza - Suite 1500, 801 Cherry Street - Unit 5, Albuquerque, NM 87102		7. Lease Name or Unit Agreement Name GJSAU
4. Well Location Unit Letter L : 1650 feet from the South line and 330 feet from the West line Section 14 Township 17S Range 30E NMMPM County Eddy		8. Well Number 22 WIW
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3693' GL		9. OGRID Number 03080
		10. Pool name or Wildcat Grayburg San Andres

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: Return to Injection <input checked="" type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

8/21/13 - NOTIFIED RICHARD INGE W OCD 8/19/2013 OF INTENT TO RIG UP AND CLEAN OUT WELL. TEST TBG TO 2000 PSI (GOOD)
8/26/13 - SPOT 500 GAL 15% NEFE ACID IN OPEN HOLE @ 3360'. ACIDIZE W 3500 15% NEFE ACID. CIRC CSG CLEAN W 120 BBLS OF PACKER FLUID.
8/28/13 - MOVE IN BACKHOE & DIG UP AROUND 7" CSG, FOUND COL LEAK ON 4' CSG SUB LEAKING, MOVE IN WELDER AND WELD A FULL PASS AROUND 7" CSG COLLAR, RU KILL TR & TEST CSG TO 500 PSI FOR 15 MIN (TESTED GOOD), BLEED DN CSG, RU 1000 PSI CHART RECORDER TO KILL TRK & TEST CSG ANN TO 550 PSI FOR 30 MIN (TESTED GOOD WITH NO PSI LOSS), BLEED DN CSG, BACKFILL AROUND CSG & RETURN WELL TO INJECTION 08/27/13
NOTE: NOTIFIED RICHARD INGE WITH BLM, HE IS ON VACATION. GAVE VERBAL TO RESUME WITH TEST AND SEND PSI CHART TO OCD OFFICE.
PSI CHART TO BE SENT BY MAIL.

Accepted for record
NMOCD

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Leslie Garvis TITLE Regulatory Coordinator DATE 8/30/13

Type or print name Leslie Garvis E-mail address: lgarvis@burnettoil.com PHONE: 817-332-5108

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any): _____