

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

ARTESIA DISTRICT

AUG 18 2015

OCD Artesia

RECEIVED

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.

5. Lease Serial No.
NMLC029415B

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

7. If Unit or CA/Agreement, Name and/or No.

1. Type of Well
 Oil Well Gas Well Other

8. Well Name and No.
NOSLER FEDERAL 2

2. Name of Operator
BURNETT OIL COMPANY INC

Contact: LESLIE GARVIS
E-Mail: lgarvis@burnettoil.com

9. API Well No.
30-015-38634-00-S1

3a. Address
801 CHERRY STREET UNIT 9
FORT WORTH, TX 76102-6881

3b. Phone No. (include area code)
Ph: 817-332-5108 Ext: 326

10. Field and Pool, or Exploratory
FREN

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 24 T17S R31E SWSW 530FSL 330FWL

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 checked="" 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 type="checkbox"/> Other
	<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 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.)

10/3/14 - MIRU W/O UNIT, N/D WELLHEAD, N/U BOP, MOVE IN AND TALLY 169 JTS OF 2 7/8" TBG, R/U SEAT NIPPLE & TIH, W/162 JTS OF 2 7/8" TBG, SDON.

10/6/14 - ARR ON LCTN, BLEED DN TBG, R/U SWAB & SWAB TBG ON SANDLINE. SWAB #1 TAG FLUID @ 2300', RIH TO 3300'. SWAB #2 TAG FLUID @ 3000', RIH TO 4000'. SWAB #3 TAG FLUID @ 3000', RIH TO 4000'. SWAB #4 TAG FLUID @ 3000', RIH TO 4000', BEGIN TO SWAB.

10/7/14 - BLEED DOWN CSG, TIH W/265 JTS OF 2 7/8" TBG, RIH WITH SWAB ON SANDLINE, SWAB #1 TAG FLUID @ 2500', RIH TO 3500'. SWAB #2 TAG FLUID @ 3400', RIH TO 4400', SWAB. SWAB #3 TAG FLUID @ 3400', RIH TO 4400'. SWAB #4 TAG FLUID @ 3800', RIH TO 4800'. SWAB #5 TAG FLUID @ 4000', RIH TO 5000'. SWAB #6 TAG FLUID AT 4000', RIH TO 5000'. SWAB #7 TAG FLUID @ 4000' RIH TO 5000'. Return to Production 10/6/14. 24 HR Test: 4 BO, 45 BW, 10 MCF.

ADD 8/18/15
ACCEPTED FOR RECORD
NMOOD

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

Electronic Submission #27592 verified by the BLM Well Information System
For BURNETT OIL COMPANY INC, sent to the Carlsbad
Committed to AFMSS for processing by MARISSA KLEIN on 06/29/2015 (15MGK0206SE)

Name (Printed/Typed) LESLIE GARVIS Title REGULATORY COORDIANTOR

Signature (Electronic Submission) Date 11/03/2014

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____ Title _____

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 _____

AUG 13 2015
BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

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.