

NM OIL CONSERVATION
 UNITED STATES DEPARTMENT OF THE INTERIOR
 BUREAU OF LAND MANAGEMENT
 ARTESIA DISTRICT
NMOCD
 OCT 30 2015
 Artesia

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.
NMNM074939

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.
8910088670

8. Well Name and No.
GB JACKSON SA 22

9. API Well No.
30-015-04148-00-S1

10. Field and Pool, or Exploratory
GRAYBURG

11. County or Parish, and State
EDDY COUNTY, NM

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

1. Type of Well
 Oil Well Gas Well Other: INJECTION

2. Name of Operator
 BURNETT OIL COMPANY INC
 Contact: LESLIE GARVIS
 E-Mail: lgarvis@burnettoil.com

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

3b. Phone No. (include area code)
 Ph: 817.583.8730

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
 Sec 14 T17S R30E NWSW 1650FSL 330FWL

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 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 checked="" type="checkbox"/> Other Well Test |
| | <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 recomple 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 recomple 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.)

7/29/15 - MIT Test with OCD. Well Failed Test

7/30/15 - Received Shut in Directive for the OCD

9/8/15 - MIRU, ND WELLHEAD, NUBOP, REL PKR, POOH 2 3/8" IPC TBG, SAFETY COLLAR ON PKR, UNSCREWED (LEFT HAND THREAD), LEFT MANDREL AND RUBBER IN HOLE, RIH 7" CSG SCRAPER AND 2 7/8" WORKSTRING TO 1100', POOH, LD CSG SCRAPER, RIH 7" RBP SET AT 1060', POOH TBG, NDBOP, BREAK OUT WELLHEAD, INSTALL NEW LARKIN WELLHEAD, NUBOP, RIH TBG, RELEASE RBP, LD WORKSTRING

9/8/15 - RIH 4 1/2" AD-1 PKR, PC AND 2 3/8" IPC TBG, NDBOP, NU WELLHEAD, CIRCULATE 110 BBLS PKR FLUID, SET PKR TEST TO 540# FOR 30 MINUTES WITH CHART RECORDER - TEST GOOD, TALKED TO RICHARD INGE W/OCD, GOT APPROVAL TO RETURN WELL TO PRODUCTION. INSTALLED: 84 JTS 2 3/8" IPC 2566', AD-1 PC PKR

LED 11/4/15
Accepted for record
NMOCD

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

**Electronic Submission #316088 verified by the BLM Well Information System
 For BURNETT OIL COMPANY INC, sent to the Carlsbad
 Committed to AFMSS for processing by JENNIFER SANCHEZ on 10/23/2015 (16JAS0670SE)**

Name (Printed/Typed) **LESLIE GARVIS** Title **REGULATORY COORDINATOR**

Signature (Electronic Submission) Date **09/11/15**

ACCEPTED FOR RECORD

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____ Title _____ Date _____

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 **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.

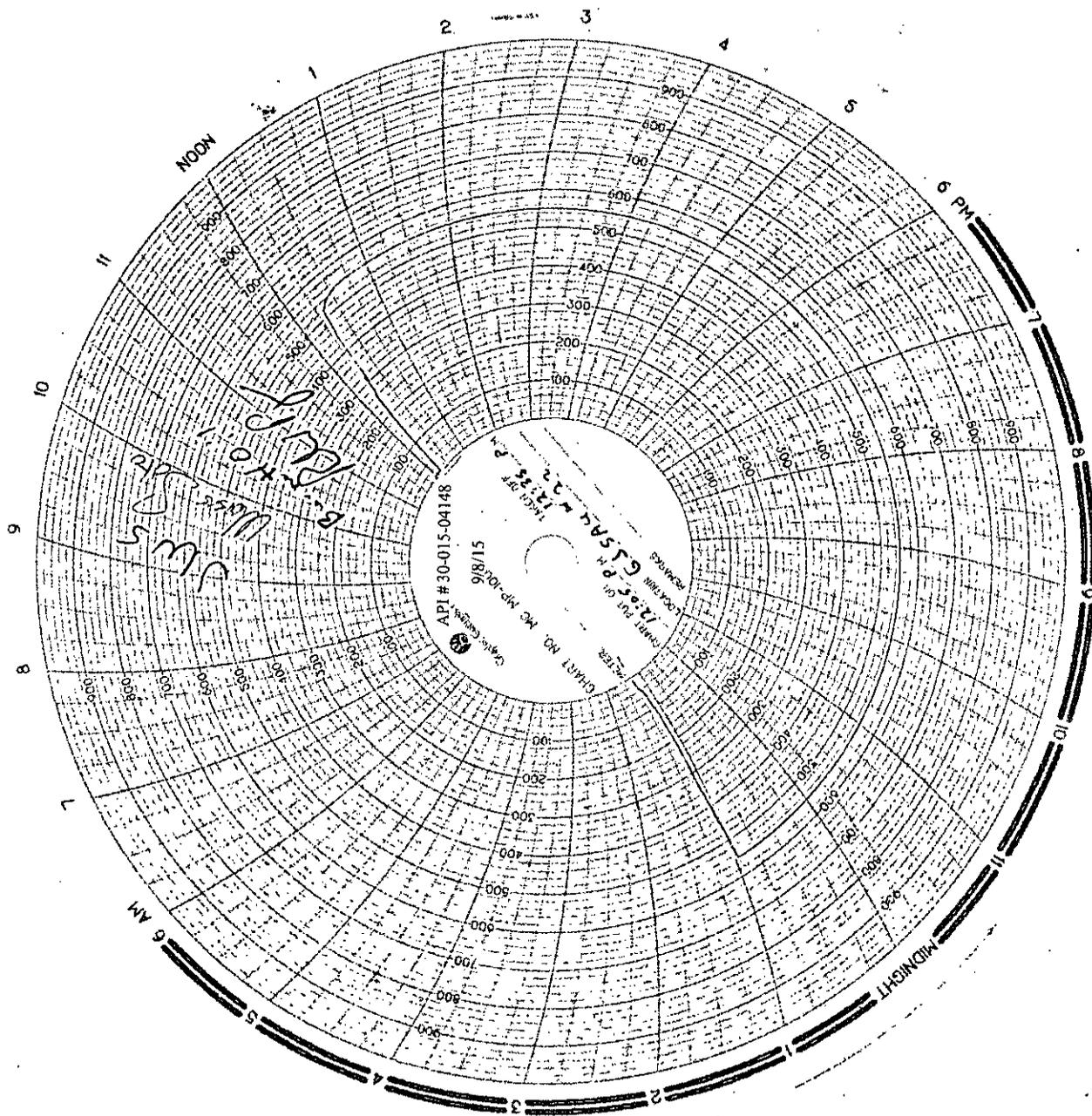
**** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ****

Additional data for EC transaction #316088 that would not fit on the form

32. Additional remarks, continued

2569'

MIT Test Attached.



6:15 AM
 1000
 900
 800
 700
 600
 500
 400
 300
 200
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 -800
 -900
 -1000

APL #30-015-04148
 9/8/15
 6:15 AM
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 -900
 -1000

MIDNIGHT
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 900
 800
 700
 600
 500
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 300
 200
 100
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 -100
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 -300
 -400
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 -600
 -700
 -800
 -900
 -1000

6 AM
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