

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NMOCD
ARTESIA DISTRICT
OIL CONSERVATION
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

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.
GISSLER B 108

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

9. API Well No.
30-015-42229-00-X1

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
LOCO HILLS

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 14 T17S R30E SENW 1760FNL 2205FWL
32.836791 N Lat, 103.943497 W Lon

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 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
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Drilling Operations
	<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 recomplete 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 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.)

10/13/14 - HOLE SIZE: 14 ??, PUMP 50 SK PLUG 14.8#, 3% CACLZ. PUMP 50 SK PLUG 14.8#, 3% CACLZ. PUMP 50 SK PLUG 14.8#, 3% CACLZ. PUMP 150 SK PLUG 14.8#, 3% CACLZ, CIRC 6 BBLs, 25 SKS CMT TO SURFACE. NOTIFIED BLM PHONE OF TOP OUT, TOTAL 400 SKS C @ 14.8#, 3% CACLZ, 6 PLUGS TOTAL, CIRC 6 BBLs, 25 SKS TO PIT, NOTIFY PHONE OF TEST, BOTH CALLS 18:00 PM, 11/12/14.

10/14/01 - TEST BOP EQUIPMENT & VALVES 250# & 2000# F/ 10 MIN EA / TEST OK.

10/20/14 - TD: 6,041?. CMT 1ST STAGE W/600 SXS (140 BBLs) PREM H + .125 LBM POLY FLAKE @ 14.2 LB/GAL & 5.58 GAL H2O SX TO YIELD 1.28 CUFT SX. NOTIFIED JIM HUGHES W/BLM AT 4:35 PM 10-19-14 OF PROD CSG AND 2-STG CEMENT JOB.

10/21/14 - RR 10:00 PM, 10/20/14. CIRC 27 BBLs, 116 SKS CMT TO PITS OFF DVT 1ST STAGE, CMT 2ND

DV tool depth?

CD 2/16/16
Accepted for record
NMOCD

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

Electronic Submission #275879 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 (15MGK0205SE)

Name (Printed/Typed) LESLIE GARVIS Title REGULATORY COORDIANTOR

Signature (Electronic Submission) Date 11/04/2014

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____ Title _____ Date JAN 9 2016

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

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.

Additional data for EC transaction #275879 that would not fit on the form

32. Additional remarks, continued

STAGE W/965 SXS (325 BBLs) PREM LITE + 2% CACL₂ + 125 LBM POLYFLAKE @ 12.7 LB/GAL & 10.08 GAL H₂O
SX TO YIELD 1.87 CUFT SX, FB 100 SXS (24 BBLs) PREM PLUS + 2% CACL₂ @ 14.8 LB/GAL & 6.39 GAL H₂O SX
TO YIELD 1.35 CUFT SX.
CIRCULATED 120 BBLs CMT TO PITS (330 SKS).

