

OCD - Artesia

Form 3160-5  
(August 2007)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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.  
NMLC029338A

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 A 36

2. Name of Operator  
BURNETT OIL COMPANY INC

Contact: MARY STARKEY  
E-Mail: mcstarkey@burnettoil.com

9. API Well No.  
30-015-37977-00-X1

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

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

10. Field and Pool, or Exploratory  
LOCO HILLS

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 14 T17S R30E NENE Lot A 503FNL 977FEL

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 Drilling Operations
	<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 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.)

8/7/10 MONAHANS NU SER NU BOP, MONAHANS TESTING SER TEST BOP/CSG HEAD/ANNULAR/CK VALVE/RELIEF VALVE/CHOKE MAN VALVES (3)/CHOKES (2)/UPPER KELLY VALVE/T&W VALVE @ 250 PSI LOW & 2000 PSI HIGH ? 10 MIN EACH (TESTER LATE), PU BHDC- MU BIT- TIH W/ 4 STDS 6? DC- INSTALL IBS @ 30? & 60? (TAG CMT 365?), DRLG CMT/FC & 44? CMT, DRLG 414?-1257?, WLS @ 744? .30?, 1093? .40?  
NOTE: BLM'S LEGION BRUMLEY NOTIFIED OF BOP TEST 8/6/10 6:20 AM, NO SHOW

8/18/10 TD: 5984? 8/19/10 RUN 138 JTS @ 5990? 7? 23# J-55 LTC 8RD CSG, FC @ 5936?, DV TOOL @ 2605?

NOTE: 83 JTS RAN @ 6:00 AM

8/20/10 CA: CLEAN PITS

FINISH RUNNING CSG, CIRC, RD CSG CREW, L/D MACH, RU CMTRS, 5 MIN SAFETY MEETING, WO 100 SX CMT, CMT 1ST STAGE W/ 700 SX 50:50 POZ + .125 LBM POLY FLAKE @ 14.2 LB/GAL & 5.91 GAL H2O SX TO YIELD 1.27 CUFT, CIRC DV TOOL, CIRC 158 SX TO SURF, CMT 2ND STAGE W/ 1000 SX PREM LITE + 2% CACL2 + .125 LBM

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

Electronic Submission #92128 verified by the BLM Well Information System

For BURNETT OIL COMPANY INC, sent to the Carlsbad

Committed to AFMSS for processing by KURT SIMMONS on 09/02/2010 (10KMS2112SE)

Name (Printed/Typed) MARY STARKEY

Title REGULATORY COORDINATOR

Signature (Electronic Submission)

Date 08/31/2010

RECEIVED

SEP 29 2010

NMOCD ARTESIA

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By	<b>ACCEPTED</b>	JAMES A AMOS Title SUPERVISOR EPS	Date 09/26/2010
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 Carlsbad	

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 \*\*

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