

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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O. C. D.
ASTORIA, OFFICE

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. LC 029338A
2. Name of Operator Burnett Oil Co., Inc. ✓	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. 801 Cherry Street, Suite 1500, Fort Worth, TX 76102 817/332-5108	7. If Unit or CA, Agreement Designation Grayburg Jackson(San Andres)
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Unit K, 2150'FWL, 1750'FSL, Sec. 14, T17S, R30E	8. Well Name and No. 39
	9. API Well No. 30-015-20207
	10. Field and Pool, or Exploratory Area Grayburg Jackson
	11. County or Parish, State Eddy Co., NM

12. **CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input checked="" type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

The 4½" OD casing in this well has begun leaking at ±2250'. We propose to repair the casing as follows:

- (1) Dig small 30' X 30' working pit.
- (2) Run bit and scraper to 3430'TD.
- (3) Run Gamma Ray/CCL/casing inspection log.
- (4) Establish pump rate through leaking casing. If circulation to surface is achieved, cement back to base of salt. If not, squeeze with 300 sks. cement.
- (5) Drill out, test to 1000 psi. Return to production.

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

Signed John C. McPhaul Title Production Superintendent Date 4/15/91

(This space for Federal or State office use)

Approved by _____ Title _____ Date 4/24/91
Conditions of approval, if any: