

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

Budget Bureau No. 1004-01  
Expires August 31, 1985

LEASE DESIGNATION AND SERIAL NO.

NM 2746

IF INDIAN, ALLOTTEE OR TRIBE NAME

UNIT AGREEMENT NAME

FARM OR LEASE NAME

Gissler

WELL NO.

1

FIELD AND POOL, OR WILDCAT

Grayburg Jackson

SEC., T., R., M., OR BLM. AND  
SURVEY OR AREA

Sec. 11, T17S, R30E

COUNTY OR PARISH

Eddy

NM

OIL WELL ☒ GAS WELL ☐ OTHER ☐ API # 30-015-25539

NAME OF OPERATOR

Burnett Oil Co., Inc.

ADDRESS OF OPERATOR

801 Cherry Street, Suite 1500, Fort Worth, TX 76102

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface

Unit D, 1880' FEL, 560' FSL, Sec. 11, T17S, R30E

PERMIT NO.

ELEVATIONS (Show whether DF, RT, GR, etc.)

3727' GR

ARTESIA, OFFICE

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT\*

(Other)

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

17. 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.) \*

On 8/23/89, perforated Metex 2862'-66', 2914'-17', 1 SPF, total 9 shots with 4" casing gun. Acidized w/ 550 gal 15% HCl. Fraced 2862'-2986'. with 53,000 gal. gelled water, 46,000 lbs. 20-40 sd and 74,000 lbs 12-20 sd. On 10/16/89, well pumped 25 BOPD, 81 BWPD and 115 MCFGPD. Prior to this treatment, production was 8 BOPD, 30 MCFGPD.

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

SIGNED

TITLE Production Superintendent

DATE 10/17/89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side