District I PO Box 1968, Hobbs, NM 88241-1966

District II

1000 Rio Brazos Rd., Aziec, NM \$7410

PO Drawer DD, Artesia, NM 88211-9719 District III

Previous Operator Signature

OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

Submi

Form C-104 Revised February 10, 1994 Instructions on back it to Appropriate District Office	CBF
5 Copies	p1
XX AMENDED REPORT	Th
ANSPORT	$V_{\parallel}/$

Date

District IV PO Box 2088, 8	anta Fe. NM	87504-20 8 8			·	1111 0750	. 2000				_	ENDED REPORT		
l.	RE	QUEST				AND AU	THORI	ZAT	ON TO TR	ANSI	PORT	<u> </u>		
Operator name and Address Burnett Oil Co., Inc.									1 OGRID Number 003080					
801 Cherry Street, Suite 1500									3 Reason for Filing Code					
Fort Worth, Texas 76102 RC/										G				
⁴ API Number ⁵ Pool Name									* Peel Code					
30 - 0 15-21829 GRAYBURG JACKSON											28509			
	operty Code	Property Name					Well Number							
20145 STEVENS A							6(ORIGINAL AS #5)							
II. 10 Surface Location [Uler lot no. Section Township Range Lot.Ida F					Feet	from the	North/Son	th Line	Feet from the	East/W	cet line	County		
M M	13	178	30E	`	1	.295			25	WES	WEST EDDY			
	Bottom F				<u> </u>					, web	1201			
UL or lot no.	Section	Township	Range	Lot Ida	Foo	from the	North/Son	th line	Feet from the	East/W	net/West Ene County			
SAME AS	SURFAC	LOCAT	ION											
13 Lao Code				Gas Connection Date		¹⁰ C-129 Perm	k Number		C-129 Effective I	Date 17 C-129 Expiration		129 Expiration Date		
F	F			23/97			·	<u> </u>						
III. Oil au			Transporter N	lama		» PO	n I	21 O/G		POD UI	STRIA	estica		
OGRID			and Addres								escriptio			
015694	N/	AVAJO RI	EFINING	co.		218516		0	M-13-17S	-30E				
		ONOCO				v 2818	0) 2	G	W 10 170	D200	(T)	COOP A DAY A MARKET		
005097				V 2010		K-13-17S-R30E TEMPORARY METE								
1							MAR 2 4 1997							
Moreover and the submitted and					Maria de la compansión de		10.00 gr. 109							
6. 9.27.7.7.46.8						\$230. No. 10 %					. ⁷ a			
V Produced Water														
	V. Produced Water ** POD ULSTR Location and Description													
?281	8866	M-1	3 - 17s-30	E ST	EVENS	A TANK	BATTER	Y (NE	W)					
V. Well (on Data	_											
	¹⁵ Sped Date		2 Ready Date			" TD		" PBTD		³⁶ Perforations				
11/22/96		12/1	83/96						2762'-2965'					
· · · · · · · · · · · · · · · · · · ·	Hole Size			asing & Tub										
			 	5/8"		446'	250 SKS							
			5 9/16"				3460'	800 SKS						
			2 7/8" TBG				2760	Post I 0-3						
177 117-11	T D		<u> </u>							4	-5-	97		
VI. Well Date N			livery Data		Feet Date	· · · · · · · · · · · · · · · · · · ·	7 T 1		l am.	sh	wl	* Cag. Pressure		
12/03/96 1/23/		•	, , ,				; 	Tog. Pressure C			Cig. Francise			
	"Choke Size "Oil "Water 13/64" 90 0		Water		35 Gas		" AOF			⁴ Test Method				
4 I hereby certify that the rules of the Oil Conservation Division have been complied														
with and that the information given above is true and complete to the best of my knowledge and belief.														
Signature: Approved by: ORIGINAL SIGNED BY TIM W. QUM DISTRICT IS SUF ENVISOR										P (10%)				
Printed name: STERLING RANDOLPH Title:														
Title: PETROLEUM ENGINEER						Approval	Approval Date: APR 3 1998							
Date: 2/26/97 Phone: 817/332-5108											•			
a If this is a ch	sage of oper	ator (W in th	e OGRID aus	ber and nan	se of the	previous opera	lof							

Printed Name

New Mexico Oil Conservation Division C-104 Instructions

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°, Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

improperly filled out or incomplete forms may be returned to operators unapproved.

- Operator's name and address 1.
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.
- Reason for filing code from the following table:

 NW New Well

 RC Recompletion

 CH Change of Operator

 AO Add oil/condensate transporter

 CO Change oil/condensate transporter

 AG Add gas transporter

 CG Change gas transporter

 RT Request for test allowable (Include volume requested)

 If for any other reason write that reason in this box.

requested)
If for any other reason write that reason in this box.

- 4. The API number of this well
- 5. The name of the pool for this completion
- The pool code for this pool
- 7. The property code for this completion
- 8. The property name (well name) for this completion
- 9. The well number for this completion
- The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the "UL or lot no." box. Otherwise use the OCD unit letter. 10.
- 11. The bottom hole location of this completion
- Lease code from the following table:
 F Federal
 S State
 P Fee 12.
 - Jicarilla
 - Navajo Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table:
 F Flowing
 P Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a gas transporter
- The permit number from the District approved C-129 for this completion 15.
- 16. MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR of the expiration of C-129 approval for this 17.
- 18. The gas or oil transporter's OGRID number
- 19. Name and address of the transporter of the product
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 20.
- Product code from the following table:
 O Oil
 G Gae 21.

- T: a ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD",etc.)
- The POD number of the storage from which water is moved from this property, if this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 23.
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.) 24.
- MO/DA/YR drilling commenced 25.
- MO/DA/YR this completion was ready to produce 26.
- Total vertical depth of the well 27.
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole
- 30. Inside diameter of the well bore
- 31. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom.
- Number of sacks of cement used per casing string 33.

The following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

- MO/DA/YR that new oil was first produced 34.
- MO/DA/YR that gas was first produced into a pipeline 35.
- MO/DA/YR that the following test was completed 36.
- 37. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- 40. Diameter of the choke used in the test
- 41. Barrels of oil produced during the test
- 42. Barrels of water produced during the test
- 43. MCF of gas produced during the test
- 44. Gas well calculated absolute open flow in MCF/D
- 45. The method used to test the well: P Pumping
 S Swabbing
 If other method please write it in.
- The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report 46.
- The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person 47.