

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 8750

RECEIVED BY

JUL 15 1985

O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PROMOTION OFFICE	

Operator
Burnett Oil Co., Inc.Address
1500 InterFirst Tower, Fort Worth, TX 76102

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Gissler B	Well No. 19	Pool Name, Including Formation Square Lake - G-SF	Kind of Lease State, Federal or Fee Federal	Lease No. NM 2748
Location Unit Letter <u>I</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>510</u> Feet From The <u>East</u> Line of Section <u>11</u> Township <u>17S</u> Range <u>30E</u> , NMPM, <u>Eddy</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159, Artesia, NM 88210	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1267, Ponca City, OK 74603	
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 11
	Twp. 17S	Rge. 30E
	Is gas actually connected? Yes	When 6/26/85

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 4/21/85	Date Compl. Ready to Prod. 6/26/85	Total Depth 3573	P.B.T.D. 3512					
Elevations (DF, RKB, RT, GR, etc.) 3745 RKB	Name of Producing Formation Square Lake	Top Oil/Gas Pay 2948	Tubing Depth 2962					
Perforations 2948-52, 2987-96, 3012-23 (27 holes)			Depth Casing Shoe 3572					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8-5/8" (24#)	386	400 Cl C plus 113 Cl C by 1"
7-7/8"	5 1/2" (15.5#)	3572	300 Light, 250 Cl C
	2 3/8"	2752	

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

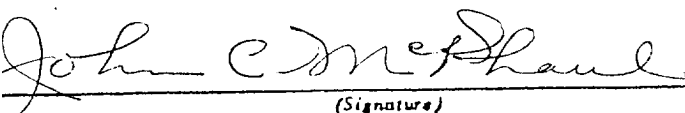
Date First New Oil Run To Tanks 6/26/85	Date of Test 7/7/85	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test 34.1	Oil-Bbls. 34.1	Water-Bbls. 82.4	Gas-MCF 15

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations 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.



Production Superintendent

(Title)

7/10/85

(Date)

OIL CONSERVATION DIVISION

JUL 29 1985

APPROVED _____, 19____

BY _____ Original Signed By

Les A. Clements

TITLE _____ Supervisor District II

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.