

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-1-78  
RECEIVED

OCT 13 '87

O. C. D.  
ARTESIA, OFFICEREQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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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"/>
PRODUCTION OFFICE	

Operator  
Burnett Oil Co., Inc.

Address

801 Cherry, Suite 1500, Fort Worth, TX 76102

Reason(s) for filing (Check proper box)

New Well ☒

Change in Transporter of:

Recompletion ☐Oil ☐Dry Gas ☐Change in Ownership ☐Casinghead Gas ☐Condensate ☐

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. 26	Pool Name, Including Formation Grayburg Jackson SR-Q-G-5A	Kind of Lease State, Federal or Fee Federal	Lease No. NM074939
Location Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West Line of Section 14 Township 17S Range 30E, NMPM, Eddy 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 M	Sec. 11	Twp. 17S	Rge. 30E	Is gas actually connected? Yes	When 10/2/87

If this production is commingled with that from any other lease or pool, give commingling order number: CTB-323

## 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 7/31/87	Date Compl. Ready to Prod. 10/2/87		Total Depth 3565' KB			P.B.T.D. 3529'		
Elevations (DF, RKB, RT, GR, etc.) 3694' KB	Name of Producing Formation Premier and Metex		Top Oil/Gas Pay 2786'			Tubing Depth 2926'		
Perforations 2786', 2788', 2789', 2811', 2812', 2814', 2886', 2887', 2891'						Depth Casing Shoe 3561'		

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8-5/8" OD 24#	396'	455 Post #0-2
7-7/8"	5 1/2" OD 17#	3561'	509 11-6-87
	2 3/8	2926	comp & BK

## 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)

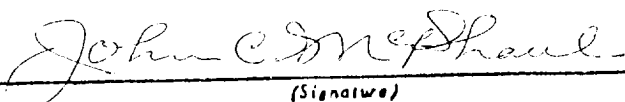
Date First New Oil Run To Tanks 10/2/87	Date of Test 10/6/87	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 125 psi	Casing Pressure 125 psi	Choke Size NA
Actual Prod. During Test 49	Oil-Bbls. 49	Water-Bbls. 25	Gas-MCF 88

## 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.



(Signature)

Production Superintendent  
(Title)10/6/87  
(Date)

## OIL CONSERVATION DIVISION

APPROVED OCT 30 1987, 19

BY Original Signed By

Mike Williams

TITLE Oil &amp; Gas Inspector

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.