

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-1-78

RECEIVED

OCT 19 '87

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

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

Operator
Burnett Oil Co., Inc.Address
801 Cherry, Suite 1500, Fort Worth, TX 76102

Described for filing (Check owner box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter oil	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Gissler A	Well No. 14	Pool Name, including Formation Grayburg Jackson SL-Q-G-SA	Kind of Lease State, Federal or Foreign Federal	Lease No. LC029338A
Location Unit Letter <u>A</u> : <u>660</u> Feet From The <u>North</u> Line and <u>780</u> Feet From The <u>East</u> Line of Section <u>14</u> Township <u>17S</u> Range <u>30E</u> , NMPM, <u>Eddy</u> County				

II. 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 10/14/87

If this production is commingled with that from any other lease or pool, give commingling order number: Amended CTB 322

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 8/12/87	Date Compl. Ready to Prod. 10/11/87		Total Depth 3555'			P.B.T.D. 3522'		
Elevations (DF, RKB, RT, CR, etc.) 3721' GR	Name of Producing Formation Metex/Premier		Top Oil/Gas Pay 2861'			Tubing Depth 2809'		
Perforations 2861', 2867', 2868', 2879', 2880', 2889', 2917', 2963', 2964', 2965'						Depth Casing Shoe 3553'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4" OD	8-5/8" OD	398' KB	500 <u>Part ID-2</u>
7-7/8" OD	5 1/2" OD	3553' KB	510 <u>10-30-87</u>
	<u>2 7/8</u>	<u>2809</u>	<u>comp & BK</u>

III. 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 10/13/87	Date of Test 10/13/87	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 50 psi	Casing Pressure (Packer)	Choke Size 28/64"
Actual Prod. During Test 432 bbls.	Oil - Bbls. 130	Water - Bbls. 302	Gas - MCF 80
			GOR = 615

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

IV. 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.

John C. McShane
(Signature)

Production Superintendent

(Title)

10/16/87

(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 27 1987, 19BY Original Signed By
Mike Williams
TITLE Oil & 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 deviator 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.