## District I PO Box 1960, Hobbs, NM 28341-1960 District II

State of New Mexico Energy, Minerals & Notural Resources Dep

Form C-10

PO Drawer DD, Artesia, NM 88211-9719

Revised February 10, 1994 11 7
Instructions on back
Submit to Appropriate District Office

OIL CONSERVATION DIVISION

District III 1000 Rio Brazos	Rd., Aztec,	NM 87410	PO Box 2088 Santa Fe, NM 87504-2088						·		•	5 Copie	
District IV PO Box 2008, S	ente Pe. NM	27504-2022	Smiles a Up a tare UT UT I I I UT									ENDED REPORT	
PO Box Jues, o I.	R	EQUEST				VD AU	THOR	IZAT	ION TO T	RANS	PORT		
Operator name and Address						000				1 OGR	OGRID Number		
BURNETT OIL CO., INC 801 CHERRY STREET, SUITE 1500							9 (19 19) 14 (19 19) 14 (19 19)			003080.			
		EXAS 761	6102						RC				
1	Pl Number			Pool Nam	4	£1.	G = 6 (58/		Peel Code				
30 - 0 15-			G	V			1 1		'ell Number				
Property Code				SON A	toberth to			an kar in dise di Tabus ti di sati		11			
II. 10 (	Surface	Location	<u> </u>										
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		17S				)	NORTH		660	EAS	1	EDDY ·	
UL or lot se.		Hole Loc	Range	Lot Ida	Fost fre	n the	North/S	outh Kao	Feat from the	F/13	est Lac	County	
SAME AS	-	1							(1			<b>0002</b> ,	
<sup>13</sup> Lee Code	13 Product	ng Method Co		Connection I	Date 14 C	-129 Perm	it Number	1	C-129 Effective	Date	" C-	129 Expiration Date	
F		F		30/97								·····	
III. Oil at		Transport		* POD   * O/G			<sup>33</sup> POD ULSTR Location						
OGRID		" Transporter Name and Address							and Description				
015694		NAVAJO REFINING CO. 2						0	UNIT B SEC 24, T17S,R30E				
									JACKSON A TANK BATTERY				
005097		CONOCO, INC.				319006 G			UNIT B SEC 24, T17S, R30E				
- B. TRES SAME AS							7. 3	22.	JACKSON A LEASE GAS				
						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Part ID-2				
a in Line									8-22-97				
Marian Area in California									8 22-7/				
a barabis	(A) (1)								chewell name				
IV. Produ	iced Wa	ter				•••		ti ti sana na tinana			-	7	
	POD		<del></del>			POD UL	STR Locat	ion and D	escription			<del> </del>	
281900	7	UNIT	B, SEC	24, T1	7S, R30	E JACK	SON A	LEASI	E WATER			:	
V. Well (		ion Data											
Spud Date		7/	* Ready Date			"TD 3574' 33			* PBTD 85'		** Ferforations 2871 - 3009 '		
7/14/97 CIBP			7/30/97 3. ** Casing & Tubing Size									* Sacks Coment	
404 305			8 5/8"			580' IN PLACE				50 SKS			
			7"			2995' IN PLACE			CE.	100 SKS			
				2877'-3453' IN			<del></del>	<del></del>					
			4 1/2" LINER 2 7/8"			3020'			THACE.				
VI. Well	Test Da	ta	L	//° —		. <u>l</u>				<del></del>	<del></del> ,		
M Date New Oil M		M Gan Da	elivery Data . **		Test Distri		" Test Length		N Tog. Pressur		e H Cig. Pressure		
7/18/97 ** Choke Size			7/30/97 ·		7/31/97		24 HRS		200#				
·		27	OII	d	* Water )	7aler 362				of		"Test Method	
" I hereby certif	y that the ru	es of the Oil C	onservation Di	vision have l	been compiled				<u> </u>				
with and that the information given above is true and complete to the best of my knowledge and belief.							OIL CONSERVATION DIVISION						
Signature: Merlinen Kansisch							Approved by: ORIGINAL SIGNED BY TIM W. GUM						
Printed same: STERLING RANDOLPH							Title: DISTRICT II SUPERVISOR						
Tide: PETROLEUM ENGINEER						Approval Date: AUG 1 8 1997							
Date: AUGU		-5108					-						
" If this is a ch	ange of ope	rator fill in the	OCRID aum	ber and nat	ne of the prev	ious opera	lur						
	Previous Operator Signature.									Ti	le	Date	

## 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.

- 1. Operator's name and address
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the Dietrict office. 2.
- 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. 3.
- 4. The API number of this well
- 5. The name of the pool for this completion
- The pool code for this pool 6.
- The property code for this completion
- The property name (well name) for this completion 8.
- The well number for this completion 9.
- 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.' bex. Otherwise use the OCD unit letter. 10.
- 11. The bottom hole location of this completion
- 12. Lease code from the following table: Federal
  State
  Fee
  Jicarilla
  Navajo
  Ute Mountain Ute
  Other Indian Tribe
- The producing method code from the following table:
  Following
  Pumping or other artificial lift 13.
- 14. 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 completion 17.
- 18. The gas or oil transporter's OGRID number
- Name and address of the transporter of the product 19.
- 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 Gas 21.

- T: e 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.
- 25. MO/DA/YR drilling commenced
- 26. MO/DA/YR this completion was ready to produce
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- 29. Top and bottom perforation in this completion or casing shoe and TD if openhole
- 30. inside dismeter 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. 32.
- 33. Number of sacks of cement used per casing string

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/DAIYR that new oil was first produced 34.
- 35. MO/DA/YR that gas was first produced into a pipeline
- 36. MO/DA/YR that the following test was completed
- 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. Dismeter 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
- The method used to test the well:

  F Flowing
  P Pumping
  S Swebbing
  If other method please write it in. 45.
- 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.