

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-1-78  
RECEIVED

JUN 2 1980

O. C. D.  
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                        |                                     |
|------------------------|-------------------------------------|
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| SANTA FE               | <input checked="" type="checkbox"/> |
| FILE                   | <input checked="" type="checkbox"/> |
| U.S.G.S.               |                                     |
| LAND OFFICE            |                                     |
| TRANSPORTER            | <input type="checkbox"/>            |
| OIL                    |                                     |
| NATURAL GAS            |                                     |
| OPERATOR               | <input checked="" type="checkbox"/> |
| PROMOTION OFFICE       |                                     |

I. Operator **BURNETT OIL CO. INC.**

Address **1214 First National Bank Building, Fort Worth, Texas 76102**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well  Change in Transporter of:  Dry Gas  Not actual ownership change, but change in operator name.

Recompletion  Oil  Condensate

Change in Ownership  Casinghead Gas

If change of ownership give name and address of previous owner **Windfohr Oil Company, Box #198, Artesia, New Mexico 88210**

II. DESCRIPTION OF WELL AND LEASE

|                            |          |                                |                            |           |
|----------------------------|----------|--------------------------------|----------------------------|-----------|
| Lease Name                 | Well No. | Pool Name, Including Formation | Kind of Lease              | Lease No. |
| Grayburg Jackson S.A. Unit | 19       | Grayburg Jackson, GB-SA        | State, Federal or Fee Fed. | LC030570A |

Location

Unit Letter **L**; **660** Feet From The **west** Line and **1980** Feet From The **south**

Line of Section **13** Township **17S** Range **30E**, NMPM, **Eddy** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |  |
|---|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent) |
| <b>Water Injection Well</b>   |  |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
|   |  |

If well produces oil or liquids, give location of tanks.

|      |      |      |      |                            |      |
|------|------|------|------|----------------------------|------|
| Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
|      |      |      |      |                            |      |

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

IV. COMPLETION DATA

|                                     |          |          |          |          |        |           |             |              |
|-------------------------------------|----------|----------|----------|----------|--------|-----------|-------------|--------------|
| Designate Type of Completion -- (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| <input checked="" type="checkbox"/> |          |          |          |          |        |           |             |              |

|              |                            |             |          |
|--------------|----------------------------|-------------|----------|
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
|              |                            |             |          |

|                                    |                             |                 |              |
|------------------------------------|-----------------------------|-----------------|--------------|
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
|                                    |                             |                 |              |

Perforations \_\_\_\_\_ Depth Casing Shoe \_\_\_\_\_

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

V. 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 | Date of Test | Producing Method (Flow, pump, gas lift, etc.) |
|                                 |              |   |

|                |                 |                 |            |
|----------------|-----------------|-----------------|------------|
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
|                |                 |                 |            |

|                          |           |             |         |
|--------------------------|-----------|-------------|---------|
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF |
|                          |           |             |         |

GAS WELL

|                         |                |                       |                       |
|-------------------------|----------------|-----------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
|                         |                |                       |                       |

|                                  |                           |                           |            |
|----------------------------------|---------------------------|---------------------------|------------|
| Testing Method (pitot, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size |
|                                  |                           |                           |            |

VI. 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.

*Walter L. Gressett*  
(Signature)  
**Consulting Engineer**  
(Title)  
**June 1, 1980**  
(Date)

OIL CONSERVATION DIVISION  
JUN 9 1980

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY *W.A. Gressett*  
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 Form C-104 must be filed for each pool in multiple.