

O. C. D.
ARTESIA, OFFICE

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|-------------------------|-----|---|
| NO. OF COPIES DESTROYED | | |
| CLASSIFICATION | | |
| CONTACT | | 7 |
| FILE | | 1 |
| U.S.O.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | 1 |
| PROMOTION OFFICE | | |
| ORIGINAL | | |

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

BURNETT OIL CO. INC.

Address

1214 First National Bank Building, Fort Worth, Texas 76102

Reason(s) for filing (Check proper box)

New Well ☐

Change in Transporter of:

Oil ☐

Dry Gas ☐

Cracking Gas ☐

Condensate ☐

Other (Please explain)

Not actual ownership change, but
change in operator name.

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

DESCRIPTION OF WELL AND LEASE

| Lease Name | | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
|---|--|----------|--------------------------------|---------------------------|-----------|
| Grayburg Jackson S.A. Unit | | 13 | Grayburg Jackson, GB-SA | State, Federal or Fee Fed | LC030570A |
| Location | | | | | |
| Unit Letter <u>N</u> : <u>660</u> Feet From The <u>south</u> Line and <u>1980</u> Feet From The <u>west</u> | | | | | |
| Line of Section <u>13</u> Township <u>17S</u> Range <u>30E</u> , NMPM, <u>Eddy</u> County | | | | | |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| 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) | | |
| Water Injection Well | | | | | | |
| 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:

COMPLETION DATA

| COMPLETION DATA | | | | | | | | | |
|------------------------------------|-----------------------------|----------|----------|-----------------|----------|--------|-------------------|-------------|--------------|
| Designate Type of Completion - (X) | | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Restv. | Diff. Restv. |
| 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

[illegible]

TEST DATA AND REQUEST FOR ALLOWABLE (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)

| OIL WELL | | | |
|---------------------------------|-----------------|---|------------|
| 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

| GAS WELL | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (prior, 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.

Ralph L Gray
(Signature)

Consulting Engineer

1744

June 1, 1980

(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 9 1980, 12

BY W. A. Grosse
SUPERVISOR, DISTRICT #1

TITLE _____

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviate 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 reconstructed walls.

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 multiple completed wells.