

OIL CONSERVATION DIVISION
P. O. BOX 2000
SANTA FE, NEW MEXICO 87501

RECEIVED

JUN 2 1980

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

DEPARTMENT OF REVENUE	
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	1
PRODUCTION OFFICE	
Operator	

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:	
Recompletion	☐	Oil	☐
Change in Ownership	☒	Condensate Gas	☐
		Dry 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	8	Grayburg Jackson, GB-SA	State, Federal or Fed	LC029338
Location				
Unit Letter	B	330 Feet From The	North	Line and
				1880 Feet From The
				East
Line of Section	23	Township	17S	Range
				30E
				N.M.P.M.
				Eddy
				County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)	
Water Injection well		
Name of Authorized Transporter of Condensate Gas ☐ or Dry Gas ☐	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.	Rps.
	Is gas actually connected? When	

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

COMPLETION DATA

Designate Type of Completion -- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Partial Rest.	Full Rest.
Date Spudded	Date Completion to Prod.		Total Depth		P.S.T.C.			
Elevations (OP, RAB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations			Depth (Casing Shoe)					

TUBING, CASING, AND CEMENT RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACCEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of initial volume of fluid lost and must be equal to or exceed top allowable for that depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, jet 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 (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.

OIL CONSERVATION DIVISION

APPROVED JUN 9 1980

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 certification of the deviation
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allow-
able on new and recompleted wells.Fill out only Sections I, II, III, and IV for changes of owner,
well name or number, or transporter or other such change of condition.Separate forms (I-IV) must be filed for each pool in multiple
completed wells.

Consulting Engineer

June 1, 1980

(Signature)

(Date)

(Date)