## District I PO Bex 1968, Hobbs, NM \$5241-1960

District II

PO Drawer DD, Artesia, NM \$1211-9719

District III

Previous Operator Signature

## OIL CONSERVATION DIVISION PO Box 2088 Santa Fa NIM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-104 sary 10, 100

Form C-104
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

1000 Rio Brazos District IV				Santa	Fe,	NM 8750	4-2088	•			AMI	ENDED REPORT	
PO Box 2008, S. I	anta Fe, NM Ri	87504-2068 EOUEST	FOR A	LLOWA	BLE	AND A	UTHOR	IZAT	ION TO TE	RANS:	PORT		
I. REQUEST FOR ALLOWABLE AND AUTHORIZATI Operator name and Address									<sup>1</sup> OGRID Number				
BURNETT OIL CO., INC									003080				
	REET, S							Remon for Fling Code					
FORT WORTH, TEXAS 76102									RC/CO				
٠,٧			Pool Na	Pool Name				¹ Peel Code					
30 - 015-0	04313		Grayburg Jackson							28509			
, b.	operty Code		' Pr				operty Name				* Well Number		
- <del>002392</del>		9/	Jackson B							3			
II. 10 Surface Locatio			· · · · · · · · · · · · · · · · · · ·		t from the	I North (Co.	Feet from the	East/West Line		County			
Ul or lot no.	Section	Towaship	Range	Lot.lda	1	1650	North/South Line NORTH		1980	EAS		EDDY ·	
G	24	17S	30E			1030	NORTH		1900	EAS	) T	EDD1	
UL or lot no. Section Township Range Lot Idn Feet from the North/South line Feet from the East/West line Cour											County		
			Kinge Liki Ida Pek Irem de Ne		,,,,,,,	1000 000 1000 000				J.,			
SAME A		CE DATA  Method Cod	le " Gas	Connection I	)ole	<sup>16</sup> C-129 Pers	mit Number		C-129 Effective	Date "C-		129 Expiration Date	
F	P	<b>•</b>		/04/97									
III. Oil and Gas Transporters													
"Transporter			" Transporter Name				OD	2 POD ULSTR Location					
OGRID			and Address						and Description				
022628 T		TEXAS NEW MEXICO PIPELINE				0648610 0			· Р 24-17S-30E				
		CONOCO, INC.				0648	630	P 24-17S-30E					
003097		concoo, inc.					0648630 G						
A CONTRACTOR OF THE STATE OF TH													
*						200							
And a second and position of a second second						V							
المراج ومعالما المرا								(call)				1	
		·····						liet List de jours	MAR 3	4 198	7	16st ID-3-	
IV. Produced Water 4-25-97													
	POD		0/ 17-	00=		* POD U	LSTR Locati	on and D	escription .		1	chewell	
064865			24-17S-	30E		<del></del>	<del></del>			<del>(</del>		mame	
V. Well Completion Data  **Spud Data**			M Dandy D	# TD	·····	» PBTD		3º Perforations					
		12/	<sup>24</sup> Ready Date /30/96 3			3450 <b>'</b>					2902'- 3048'		
<sup>36</sup> Hole Size				asing & Tub		** 1			<sup>30</sup> Sacks Cement				
			8 5	<del></del>		561'	50 8						
· · · · · · · · · · · · · · · · · · ·				/8**				100 SKS					
			7"			2915							
NEW WORK			4 1			3495'		335 SKS					
	<del></del>		2 3	/8"	•		3087'						
VI. Well Test Data													
		·	Dolivery Date . * Test			- 1	** Test Length		" Tbg. Pr	casu re	re <sup>19</sup> Cag. Pressure		
12/30/96 ** Choke Size		02/04/97 " OU		·02/07/97		2	4 HOURS	3			47.034.4		
Cavar Size		19		Water 64			<b>G</b> G <b>G G G G G G G G G</b>		" AOF			4 Test Method	
# I hemby certi	for that the co			inialaa basa b									
"I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my  OIL CONSERVATION DIVISION													
knowledge and it	belief.	1 -/			Amount by: ORIGINAL SIGNED BY TIN W. GLISS								
	NG KG		_	vy:	Dłs'	TRICT II SUI	ERVIS	CR	# f.191				
Printed name:	RANDOL		Title:										
Title: PETROLEUM ENGINEER							al Date:		APR 4	1997			
Date() 2/26/97 Phone: 817/332-5108													
" If this is a ci	sange of ope	rator (ill la the	OCRID BU	uber and uar	se of the	e previous oper	stor						

Printed Name

Title

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 bar

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.

- Operator's name and address
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.
- 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 wei
- 5. The name of the pool for this completion
- The pool code for this pool
- 7. The property code for this completion
- 8. The property name (well name) for this completion
- 9. The well number for this completion
- 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.' box. Otherwise use the OCD unit letter. 10.
- 11. The bottom hole location of this completion
- 12. Lesse code from the following table: Federal State Fee Jicarilla Navajo Ute Mountain Ute Other Indian Tribe
- 13. The producing method code from the following table:
  F Flowing
  P Pumping or other artificial lift
- 14. MO/DA/YR that this completion was first connected to a gas transporter
- 15. The permit number from the District approved C-129 for this completion
- 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.) 22.
- 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
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- 30. inside diameter 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 eacks 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.

- 34. MO/DA/YR that new oil was first produced
- 35. MO/DA/YR that gas was first produced into a pipeline
- MO/DA/YR that the following test was completed 36.
- **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. Diameter 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
- Gas well calculated absolute open flow in MCF/D
- The method used to test the well:

  F Flowing
  P Pumping
  S Swabbing
  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 48.
- 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.