

CLP
VT
6T
DP

RECEIVED

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

JUL 07 '89

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

O. C. REQUEST FOR ALLOWABLE AND AUTHORIZATION

ARTESIA OFFICE TO TRANSPORT OIL AND NATURAL GAS

Operator Burnett Oil Co., Inc. ✓		Well API No. 30-015-04326
Address 801 Cherry Street, Suite 1500, Fort Worth, TX 76102		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		<input checked="" type="checkbox"/> Other (Please explain) Convert Water Injection Well to Producing Oil Well
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jackson B TR. 2	Well No. 6	Pool Name, including Formation Grayburg Jackson (GB-SA)	Kind of Lease State, Federal or Fee	Lease No. LC 055264
Location Unit Letter D : 660' Feet From The N Line and 660' Feet From The W Line Section 25 Township 17S Range 30E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) Box 2528, Hobbs, New Mexico 88240					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1267, Ponca City, OK 74603					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 25	Twp. 17	Rge. 30	Is gas actually connected? yes	When? 1959

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

DHC 1

IV. COMPLETION DATA

Designate Type of Completion - (X) X (Formerly Water Injection Well)	Oil Well <input type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 1/8/43	Date Compl. Ready to Prod. 2/23/43		Total Depth 3260'			P.B.T.D. N/A		
Elevations (DF, RKB, RT, GR, etc.) 3727'GR	Name of Producing Formation Grayburg Jackson (GB-SA)		Top Oil/Gas Pay 3201'			Tubing Depth 3071'		
Perforations 3201-3260'						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 1/2"	580'	50 Port ID-3
8 1/2"	7"	3100'	100 7-14-89
	4 1/2" (liner)	3058-3260'	65 cover from
	2"	3260'	NEW FOR PROD

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 Tank	Date of Test 6/11/89	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 50	Casing Pressure N/A	Choke Size N/A
Actual Prod. During Test 36	Oil - Bbls. 36	Water - Bbls. 120	Gas - MCF 10

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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.

Signature
John C. McPhaul - Production Supt.
Printed Name
7/5/89 817/332-5108
Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 10 1989

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

