

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

RECEIVED BY

AUG 05 1985

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

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DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	<input checked="" type="checkbox"/>
LAND OFFICE	<input checked="" type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATION	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input checked="" type="checkbox"/>

Operator
Burnett Oil Co., Inc.

Address

1500 InterFirst Tower, Fort Worth, TX 76102

Reason(s) for filing (Check proper box)

New Well ☒Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Dry Gas ☐Casinghead Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Gissler "B"	Well No. 20	Pool Name, including Formation Square Lake -G-SA	Kind of Lease State, Federal or Fee Federal	Lease No. NM 2748
Location				
Unit Letter <u>M</u> : <u>660</u> Feet From The <u>South</u> line and <u>660</u> Feet From The <u>West</u>				
Line of Section <u>11</u> Township <u>17S</u> Range <u>30E</u> , NMPM, <u>Eddy</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159, Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco	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 M	Sec. 11	Twp. 17S	Rge. 30E	Is gas actually connected? Yes	When 7/26/85

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" 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 4/29/85	Date Compl. Ready to Prod. 7/26/85		Total Depth 3559		P.B.T.D. 3520			
Elevations (DF, RKB, RT, GR, etc.) 3722 GR	Name of Producing Formation Grayburg/San Andres		Top Oil/Gas Pay 2947		Tubing Depth 3500			
Perforations 2947-54, 2971-76, 3080-3101, 3108-14, 3344-49, 3399-3402, 3425-29, 3442-45, 3474-77, 3483-86, 3489-93,					Depth Casing Shoe 3559			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/2"	8-5/8" 24#		390'		300			
7-7/8"	5 1/2" 15.5#		3559'		1700			
	2-3/8		3500					

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 greater than the allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 7/26/85	Date of Test 7/28/85	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test 111	Oil-Bbls. 111	Water-Bbls. 4	Gas-MCF 110

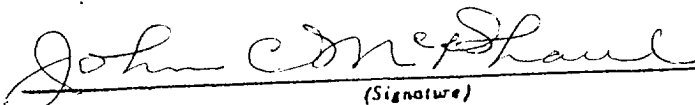
GOR = 991

GAS WELL

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

A. 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.



Production Superintendent

(Title)

8/2/85

(Date)

OIL CONSERVATION DIVISION

AUG 6 1985

APPROVED

BY

Original Signed By
BARRY BROOKSOriginal Signed By
Les A. Clements

TITLE

Geologist - NMOPD
Supervisor District II

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 Forms C-104 must be filed for each pool in multiple completed wells.