

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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. 23	Pool Name, Including Formation <del>8-5R-8-</del> Square Lake (GB-SA)	Kind of Lease State, Federal or Fee Federal	Lease No. NM 274
Location Unit Letter <u>D</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>14</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	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 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 B	Sec. 11	Twp. 17S	Rge. 30E	Is gas actually connected? Yes	When 4/23/86

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 2/15/86	Date Compl. Ready to Prod. 4/19/86		Total Depth 3595'		P.B.T.D. 3549'			
Elevations (DF, RKB, RT, GR, etc.) 3712' GR	Name of Producing Formation Premier(GB), Vacuum(SA)		Top Oil/Gas Pay 2922		Tubing Depth 2871'			
Perforations Premier 2922'-27', 2951'-55'; Vacuum 3000'-3006'					Depth Casing Shoe 3595'			

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8-5/8"	394' KB	300 Post ID-2
7-7/8"	5 1/2"	3595' KB	2550 5-9-86
	2 7/8"	2871'	Cong & BK

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)

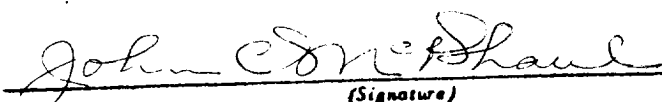
Date First New Oil Run To Tanks 4/19/86	Date of Test 4/25/86	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 80	Casing Pressure 0	Choke Size 22/64"
Actual Prod. During Test 145	Oil-Bbls. 145	Water-Bbls. 9	Gas-MCF 62
GOR 428			

## 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

## 1. 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)

4/28/86

(Date)

## OIL CONSERVATION DIVISION

MAY 5 1986

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY \_\_\_\_\_  
Original Signed By

Mike Williams

TITLE \_\_\_\_\_  
Oil & Gas Inspector

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen 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 all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.

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