

CO. BY SERIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.O.G.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PROMOTION OFFICE	

RECEIVED BY

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

JUL -3 1986

O. C. D.

REQUEST FOR ALLOWABLE
AND

ARTESIA DIVISION TO TRANSPORT OIL AND NATURAL GAS

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 ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gissler	Well No. 1	Pool Name, Including Formation Square Lake (GB-SA)	Kind of Lease State, Federal or Fee Federal	Lease No. NM 2746
Location				
Unit Letter 0 ; 1880 Feet From The East Line and 560 Feet From The South				
Line of Section 11 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"/> 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 6/26/86

If this production is commingled with that from any other lease or pool, give commingling order number: Number not received as of
this date. Verbal approval given 6/26/86 by NMOC.

IV. 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 2/22/86	Date Compl. Ready to Prod. 6/26/86		Total Depth 3559' KB		P.B.T.D. 3531' KB			
Elevations (DF, RKB, RT, CR, etc.) 3727' GR, 3738' KB	Name of Producing Formation Premier		Top Oil/Gas Pay 2955'		Tubing Depth 2900'			
Perforations Premier (2955-86'), Vacuum (3018-35'), Lovington (3106-30'), Jackson (3356-3504')					Depth Casing Shoe 3542'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8-5/8"	407'	530
7-7/8"	5 1/2"	3559'	1350
	2 7/8"	2300'	

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 Tanks 6/26/86	Date of Test 7/1/86	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 260 psi	Casing Pressure 0 (Packer)	Choke Size 20/64"
Actual Prod. During Test 159	Oil-Bbls. 159*	Water-Bbls. 7	Gas-MCF 78

*This well in waterflood area

GOR = 491

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. 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)

7/1/86

(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 7 1986, 19

BY Original Signed By
Les A. Clements

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 deepen well, this form must be accompanied by a tabulation of the deviate 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 conditions.

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