

OIL CONSERVATION DIVISION

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APR 14 1986
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
ARTESIA OFFICE

Burnett Oil Co., Inc.

Address
1500 InterFirst Tower, Fort Worth, TX 76102

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

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. 22	Pool Name, Including Formation Square Lake (GB-SA)	Kind of Lease State, Federal or Fee Federal	Lease No. NM 2748
Location Unit Letter <u>N</u> ; <u>1880</u> Feet From The <u>West</u> Line and <u>660</u> Feet From The <u>South</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	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 4/4/86

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 2/7/86	Date Compl. Ready to Prod. 4/4/86		Total Depth 3573'		P.B.T.D. 3528'			
Elevations (DF, RKB, RT, GR, etc.) 3705' GR	Name of Producing Formation Metex, Premier, Lovington, Jackson		Top Oil/Gas Pay 2903'		Tubing Depth 2836'			
Perforations Metex 2903-06', Premier 2923-34', Lovington 3084-88', Jackson 3304-3513'					Depth Casing Shoe 3573'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8-5/8" OD	407' KB	640
7-7/8"	5 1/2" OD	3573' KB	2300
			POST ED-2 4-18-86

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 4/4/86	Date of Test 4/11/86	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 100	Casing Pressure 0 (packer)	Choke Size 20/64"
Actual Prod. During Test	Oil-Bbls. 136	Water-Bbls. 16	Gas-MCF 80

GOR = 588

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

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.

John C. McShane
(Signature)

Production Superintendent
(Title)4/11/86
(Date)

OIL CONSERVATION DIVISION

APPROVED APR 21 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 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 allow-
able 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 multiply
complected wells.