

OIL CONSERVATION DIVISION

U.S. BOX 2088
SANTA FE, NEW MEXICO 87501
FEB 24 1987
REQUEST FOR ALLOWABLE
AND
O.C.D. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
ARTESIA, OFFICE

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

Operator
Burnett Oil Co., Inc.

Address
1500 InterFirst Tower, Fort Worth, TX 76102

Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name and address of previous owner

2. DESCRIPTION OF WELL AND LEASE

Lease Name Gissler "B"	Well No. 24	Pool Name, including Formation Grounding Jackson Square Lake (GB-SA) SR-4-G-SA	Kind of Lease State, Federal or Fee Federal	Lease No. NM2748
Location Unit Letter C ; 1980 Feet From The West Line and 660' Feet From The north Line of Section 14 Township 17S Range 30E , NMPM, Eddy County				

3. 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 Company	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, 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 M Sec. 11 Twp. 17S Rge. 30E	Is gas actually connected? yes When 2/20/87

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

4. 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 12/9/86	Date Compl. Ready to Prod. 2/20/87	Total Depth 3560'	P.B.T.D. 3528'
Elevations (DF, RKB, RT, GR, etc.) 3700' GR	Name of Producing Formation Metex, Premier, Vacuum, Lovington, Jackson	Top Oil/Gas Pay 2816'	Tubing Depth 2777'
Perforations 2816-19', 2870-73', 2916-20', 2996-3000', 3072-75', 3086-90', 3326-29', 3335-37'			Depth Casing Shoe 3348-58' 3548'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-5/8" (Reamed)	9-5/8" OD	396'	515 sx, C1 C
7-7/8"	5 1/2" OD	3558'	160 sx, RFG, 700 sx C1H
5 1/2"	2-7/8"	2777'	

5. 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 2/20/87	Date of Test 2/23/87	Producing Method (Flow, pump, gas lift, etc.) Flowing	Post ID-2 3-6-87 comp & BLS
Length of Test 24 hrs.	Tubing Pressure 300 psi	Casing Pressure NA	Choke Size 18/64" (X)
Actual Prod. During Test 175	Oil-Bbls. 175	Water-Bbls. 73 LW	Gas-MCF 98 GOR = 560

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

6. 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. McPhaul
John C. McPhaul (Signature)
Production Superintendent (Title)
2/23/87
(Date)

OIL CONSERVATION DIVISION

FEB 27 1987

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 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 multiply recompleted wells.