

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

RECEIVED

NOV 30 '88

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

Operator Burnett Oil Co., Inc.	
Address 801 Cherry St., Suite 1500, 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"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gissler B	Well No. 27	Pool Name, Including Formation Grayburg Jackson <u>5A-6G-SA</u>	Kind of Lease State, Federal or Fee Federal	Lease No. NM074939
Location				
Unit Letter <u>L</u> : 1980 Feet From The <u>S</u> Line and 685 Feet From The <u>West</u>				
Line of Section <u>12</u> Township <u>17S</u> Range <u>30E</u> , NMPM, <u>Eddy</u> 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"/>	Address (Give address to which approved copy of this form is to be sent)					
Navajo Refining Co.	P.O. Drawer 159, Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Conoco, Inc.	P.O. Box 1267, Ponca City, OK 74603					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 12	Twp. 17S	Rge. 30E	Is gas actually connected? yes	When 11/12/88

If this production is commingled with that from any other lease or pool, give commingling order number: CTB 337 (10/18/88)

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 10/6/88	Date Compl. Ready to Prod. 11/16/88	Total Depth 3565'KB		P.B.T.D. 3535'KB					
Elevations (DF, RKB, RT, GR, etc.) 3570'GR	Name of Producing Formation Grayburg	Top Oil/Gas Pay 2981'		Tubing Depth 3057'					
Perforations 2981-82' 2 shots, 2986-87' 2 shots, 3020-31' 12 shots		Depth Casing Shoe 3558'KB							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12.25"	8.625" 24#		428'		470.				
Lost circulation @ 440'. Squeezed w/ 500 gal.		Flochek, 900 sks cmt.							
7.875" 17#	5.5" 17#		3558'		700				

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 11/14/88	Date of Test 11/17/88	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 50 psi	Casing Pressure 50 psi	Choke Size NA
Actual Prod. During Test	Oil-Bbls. 23	Water-Bbls. 31	Gas-MCF 113 GOR=4913

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.

John C. D. McShane
(Signature)
Production Superintendent
(Title)
11/28/88
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 6 1988, 19_____
BY Mike Williams
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 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.