Previous Operator Signature

RE THEO . State of New Mexico Energy, Minerals & Natural Resources Departs

Form C-104 C/55

District I PO Box 1964, Ho District II	bbs, NM \$3	241-1960	Instr							Form C-104 February 10, 1994 structions on back		
PO Drawer DD, /	Artesia, NM	38211-0719	0	IL CONS	ERVAT	ION DIV	ISION !	1 ST. Bupo	nit to A	ppropri	iate District Office 5 Copies	
1000 Rio Brazos F	Rd., Azec, 1	NM 87410		Santa F	e, NM	87504-20	38 · ,	o (c. p .	_	T. 434	•	
District IV PO Box 2088, San	ita Fe, NM	87504-20 88					48	ILSIA, OFFICE	ا		ENDED REPORT	
I.	RE	QUEST				D AUTH	DRIZAT	ION TO T				
Operator name and Address Burnett Oil Co., Inc.						00308				OGRID Number		
801 Cherry Street, Suite 1500						' Rea				mos for Filing Code		
Fort Wor											ge and a new	
API Number					- P	Pool Name			mber assignment			
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Property Code				<u> </u>		roperty Name				' W	di Number	
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015694			fining (Company				'				
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005179	Co	Continental Oil Company										
	P	P.O. Box 1267 Ponca City, OK. 74603										
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V. Produc	ed Wat	er										
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V. Well Co	ompleti	on Data		·	" TD		·					
¹¹ Spud	Date		™ Ready Da	¹⁴	**	עדי		* PBTD		,	Perforations .	
Hole Size			31 Casing & Tubing		Size	 	²¹ Depth Se		³⁵ Sacks Cement			
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VI. Well T	Test Dat	· · · · · · · · · · · · · · · · · · ·	L		· · · · · · · · · · · · · · · · · · ·	<u> </u>	······································					
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" Choke !	Size	41	Off	a W	ater	•	Gas	" AO	F		4 Test Method	
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Signature		SM	SK	aul		Approved by:		SUPERVISO	OR. DI	STRIC	CT II	
	~~~ <u>\</u>											
Printed name:	Iohn (	Manh	2111		∦.	Title:					11	
Title:		C. McPh				Title: Approval Date:	<del></del>	Alle -	5 1994			
Title: Produ		Superi	aul ntendent   Phone:(81					AU6	5 1994	ŀ		

Printed Name

Title

Date

## New Mexico Oil Conservation Division C-104 Instructions

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

improperly filled out or incomplete forms may be returned to operators unapproved.

- 1. Operator's name and address
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2,

Reason for filing code from the following table:

NW New Well

RC Recompletion

CH Change of Operator

AO Add oil/condensate transporter

CO Change oil/condensate transporter

AG Add gas transporter

CG Change gas transporter

RT Request for test allowable (Include volume requested)

If for any other reason write that reason in this box.

- The API number of this well
- The name of the pool for this completion 5.
- The pool code for this pool
- The property code for this completion
- 8. The property name (well name) for this completion
- 9. The well number for this completion
- The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter. 10.
- 11. The bottom hole location of this completion
- Lease code from the following table:
  F Federal
  S State
  P Fee
  J Jicarilla
  N Navajo
  U Ute Mountain Ute
  I Other Indian Tribe 12.

- 13. The producing method code from the following table:
  - Flowing Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a gas transporter 14.
- 15.
- The permit number from the District approved C-129 for this completion
- 18. MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR of the expiration of C-129 approval for this 17. completion
- 18. The gas or oil transporter's OGRID number
- Name and address of the transporter of the product 19.
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 20.
- Product code from the following table:
  O Oil
  G Gas 21.

- T! a ULSTR location of this POD if it is different from the well completion location and a short description of the POO (Example: "Battery A", "Jones CPD", etc.) 22.
- The POD number of the storage from which water is moved from this property, if this is a new well or recompletion and this POD has no number the district office will sesion a number and write it here. 23.
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POO (Example: "Sattery A Water Tank", "Jones CPD Water Tank", etc.) 24.
- 25. MO/DA/YR drilling commenced
- MO/DA/YR this completion was ready to produce 26.
- 27 Total vertical depth of the well
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- 30. Inside diameter of the well bore
- 31. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom. 32.
- 33. Number of sacks of cement used per casing string

The following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

- 34. MO/DA/YR that new oil was first produced
- 35. MO/DA/YR that gas was first produced into a pipeline
- 38. MO/DA/YR that the following test was completed
- 37. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- 40. Diameter of the choke used in the test
- 41. Barrels of oil produced during the test
- 42. Barrels of water produced during the test
- MCF of gas produced during the test
- 44. Gas well calculated absolute open flow in MCF/D
- 45. The method used to test the well:

F Flowing
P Pumping
S Swabbing
If other method please write it in.

- The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report 46.
- The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person 47.