

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

NOV 30 1992

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Burnett Oil Co., Inc. ✓	Well API No. 30-015-26970
Address 801 Cherry St, Suite 1500, Fort Worth, Texas 76102	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
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 Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Grayburg Jackson (San Andres) Unit	Well No. 48	Pool Name, Including Formation Grayburg Jackson	Kind of Lease State, Federal or Fee	Lease No. FED LC055264
Location Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>N</u> Line and <u>660</u> Feet From The <u>E</u> Line 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"/> 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 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 <u>K</u>	Sec. <u>13</u>	Twp. <u>17S</u>	Rge. <u>30E</u>	Is gas actually connected? <u>Yes</u>	When? <u>11/14/92</u>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 6/27/92	Date Compl. Ready to Prod. 11/12/92		Total Depth 3589'		P.B.T.D. 3540'			
Elevations (DF, RKB, RT, GR, etc.) 3711' GR	Name of Producing Formation Vacuum and Jackson		Top Oil/Gas Pay 3101'		Tubing Depth 3492'			
Perforations 3101'-3104', 8 shots; 3179'-3184', 11 shots (dry); 3346'-3470', 11 shots					Depth Casing Shoe 3583'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8" OD 24#		505'		350 <u>Post ID-2</u>			
7 7/8"	5 1/2" OD 17#		3583'		1130 <u>12-11-92</u>			
5"	2.375" EUE		3492'		<u>camp & BR</u>			

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 Tank 11/14/92	Date of Test 11/16/92	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 100 psi	Casing Pressure 100 psi	Choke Size NA
Actual Prod. During Test 318 bbls. fluid	Oil - Bbls. 36	Water - Bbls. 264	Gas- MCF 10

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. OPERATOR 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
Signature John C. McPhaul Production Supt.
Printed Name
Date 11/20/92 Telephone No. 817-332-5108

OIL CONSERVATION DIVISION

Date Approved NOV 30 1992

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.