

OIL CONSERVATION DIVISION

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

MAR 21 1994

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. 30-015-27750
Address 801 Cherry Street, Suite 1500, Fort Worth, Tx. 76102 817/332-5108	
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 Jackson B	Well No. 35	Pool Name, including Formation Grayburg Jackson	Kind of Lease State, Federal or Fee	Lease No. NM 2747
Location				
Unit Letter A	: 460'	Feet From The East	Line and 100	Feet From The North
Section 25	Township 17S	Range 30E	NMPM, Eddy	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"/> Texas NEW MEXICO PIPELINE CO. 220228	Address (Give address to which approved copy of this form is to be sent) BOX 2528, HOBBS, NEW MEXICO 88240	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> CONOCO, INC. 5097	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 D	Sec. 25
	Twp. 17	Rge. 30
	Is gas actually connected? YES	When? 2/17/94
If this production is commingled with that from any other lease or pool, give commingling order number: DHC 1		

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 12/12/93	Date Compl. Ready to Prod. 2/02/94		Total Depth 3280'		P.B.T.D. 3270'			
Elevations (DF, RKB, RT, GR, etc.) 3629' GL	Name of Producing Formation METEX- PREMIER		Top Oil/Gas Pay 3062'		Tubing Depth 3252'			
Perforations 3062', 3170-71', 3234', 3238', 3250-51', 3257-58'- 11 HOLES					Depth Casing Shoe 3275'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		1496'		830 Post ID-2			
7 7/8"	5 1/2"		3275'		650 4-29-94			
	2 3/8"		3252'		camp & B17			

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 2/12/94	Date of Test 2/17/94	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24 HRS.	Tubing Pressure 60	Casing Pressure 60	Choke Size 2"
Actual Prod. During Test 85 BBLS. FLUID	Oil - Bbls. 65	Water - Bbls. 20	Gas- MCF 30

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.

Signature
JOHN C. MCPHAUL
Printed Name
3/17/94
Date
817/332-5108
Telephone No.

PRODUCTION SUPT.

OIL CONSERVATION DIVISION

Date Approved MAR 31 1994

By SUPERVISOR, DISTRICT II

Title

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.

