

District I
PO Box 1968, Hobbs, NM 88241-1968
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

C. J. F.
b
GT
DP

Form C-104
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address Burnett Oil Co., Inc. Burnett Plaza-Suite 1500 801 Cherry Street- Unit #9 Fort Worth Tx 76102-6881		OGRID Number 003080
		Reason for Filing Code NW
API Number 30 30-015-32114	Pool Name Cedar Lake; Yeso	Pool Code 96831
Property Code 20767	Property Name Jackson A	Well Number 23

II. Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West Line	County
B	24	17S	30E		500'	North	1650'	East	Eddy

Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West Line	County
SAME AS SURFACE									
Lee Code	Producing Method Code	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				
F	P	9/20/02							

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
'015694	Navajo Refining Co. P. O. Box 159 Artesia, NM 88211-0159	2819005	O	UNIT B SEC 24, T17S,R30E JACKSON A TANK BATTERY
'005097	Conoco, Inc P. O. Box 1267 Ponca City, OK 74602-1267	2819006	G	UNIT B SEC 24, T17S,R30E JACKSON A TANK BATTERY

IV. Produced Water

POD	POD ULSTR Location and Description
2819007	UNIT B SEC 24, T17S,R30E JACKSON A LEASE WATER

V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations	
8/7/02	9/20/02	5110'		4752' - 4920'	
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement		
12 1/4"	8 5/8"	490'	475 SKS & 7 Yds Redi-Mix		
7 7/8"	5 1/2"	5100'	1975 SKS		
	2 7/8"	4985'			

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
9/20/02	9/20/02	9/26/02	24 hours		
Choke Size	Oil	Water	Gas	AOF	Test Method
	198	473	172		Pumping

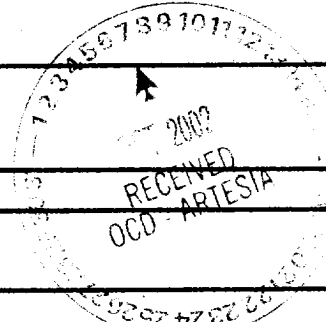
" I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: *Sterling Randolph*
Printed name: STERLING RANDOLPH
Title: PETROLEUM ENGINEER
Date: 10/04/2002 Phone: (817) 332-5108

OIL CONSERVATION DIVISION
Approved by: *DP*
Title:
Approval Date: *10/9/2002*
B-B-22

" If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature	Printed Name	Title	Date



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

22. The ULSTR location of the POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD", etc.)
23. The POD number of the storage from which water was moved from the property. 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.
24. The ULSTR location of the POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.)
25. M/D/A/R/R drilling commenced
26. M/D/A/R/R the completion was ready to produce
27. Total vertical depth of the well
28. Plugback vertical depth
29. Top and bottom perforation in the completion or casing shoe and TD if openhole
30. Inside diameter of the well bore
31. Outside diameter of the casing and tubing
32. Depth of casing and tubing. If a casing liner show top and bottom.
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. M/D/A/R/R that new oil was first produced
35. M/D/A/R/R that gas was first produced into a pipeline
36. M/D/A/R/R that the following test was completed
37. Length in hours of the test
38. Flowing tubing pressure - oil wells
39. Shut-in tubing pressure - gas wells
38. Flowing casing pressure - oil wells
39. Shut-in casing pressure - gas wells
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
43. 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
I Other method please write it in.
46. 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
47. 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
14. M/D/A/R/R that this completion was first connected to a gas transporter
15. The permit number from the District approved C-129 for this completion
16. M/D/A/R/R of the C-129 approval for this completion
17. M/D/A/R/R of the expiration of C-129 approval for this completion
18. The gas or oil transporter's OGRID number
19. Name and address of the transporter of the product
20. The number assigned to the POD from which this product will be transported by the 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.
21. Product code from the following table:
O Oil
G Gas

1. Operator's name and address
2. Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.
3. Reason for filling 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.
4. The API number of this well
5. The name of the pool for this completion
6. The pool code for this pool
7. The property code for this completion
8. The property name (well name) for this completion
9. The well number for this completion
10. The surface location of this completion NOTE: If the United States government survey designates a Lot Number for the location use that number in the 'UL or lot no.' box. Otherwise use the OGD unit letter.
11. The bottom hole location of this completion
12. Lease code from the following table:
F Federal
S State
P Fee
J Jicarilla
N Navajo
U Ute Mountain Ute
I Other Indian Tribe
13. The producing method code from the following table:
F Flowing
P Pumping or other artificial lift