

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

Form C-104  
Revised 10-1-78  
RECEIVED

JUN 2 1980

O. C. D.  
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.D.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	<input checked="" type="checkbox"/>
PERFORATION OFFICE	

I. Operator **BURNETT OIL CO. INC.**

Address **1214 First National Bank Building, Fort Worth, Texas 76102**

Reason(s) for filing (Check proper box)  New Well  Recompletion  Change in Ownership  Change in Transporter of: Oil  Casinghead Gas  Dry Gas  Condensate  Other (Please explain) **Not actual ownership change, but change in operator name.**

If change of ownership give name and address of previous owner **Windfohr Oil Company, Box #198, Artesia, New Mexico 88210**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Grayburg Jackson S.A. Unit</b>	Well No. <b>22</b>	Pool Name, Including Formation <b>Grayburg Jackson, GB-SA</b>	Kind of Lease State, Federal or Fee <b>Fed.</b>	Lease No. <b>NM074939</b>
Location				
Unit Letter <b>L</b>	<b>1650</b> Feet From The <b>south</b> Line and <b>330</b> Feet From The <b>west</b>			
Line of Section <b>14</b>	Township <b>17S</b>	Range <b>30E</b>	NMPM, <b>Eddy</b>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<b>Water Injection Well</b>				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
				Is gas actually connected? When

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

V. COMPLETION DATA

Designate Type of Completion - (X)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res't.	<input type="checkbox"/> Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
Perforations				Depth Casing Shoe				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

VI. 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 oil able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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

VII. 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.

*Ralph L Gray*  
(Signature)  
**Consulting Engineer**  
(Title)  
**June 1, 1980**  
(Date)

OIL CONSERVATION DIVISION  
JUN 9 1980

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY *W.A. Gressett*  
TITLE **SUPERVISOR, DISTRICT II**

This form is to be filed in compliance with RULE 110.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated 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 ownership, name or number, or transporter, or other such change of conditions. Separate Form C-104 must be filed for each pool in multilateral.