

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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JUN 2 1980

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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SANTA FE	1
FILE	1
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	1
PROMOTION OFFICE	

Operator **BURNETT OIL CO. INC.**

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

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of: **Not actual ownership change, but**

Recompletion Oil Dry Gas **change in operator name.**

Change in Ownership Casinghead Gas Condensate

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

DESCRIPTION OF WELL AND LEASE

Lease Name Jackson "B" Tract 2	Well No. 11	Pool Name, including Formation Grayburg Jackson	Kind of Lease State, Federal or Fed Fed.	Lease No. NM-2747
Location Unit Letter B ; 660 Feet From The north Line and 1980 Feet From The east				
Line of Section 25 Township 17S Range 30E , NMPM, Eddy County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
Water Injection well Address (Give address to which approved copy of this form is to be sent)

Name of Authorized Transporter of Casinghead Gas or Dry Gas 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:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
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

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 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

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)
Consulting Engineer
(Title)
June 1, 1980
(Date)

OIL CONSERVATION DIVISION
APPROVED **JUN 9 1980**
BY **W. A. Gessert**
SUPERVISOR, DISTRICT II
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation 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 owner well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiple completed wells.

