

OIL CONSERVATION DIVISION

RECEIVED

SEP 30 1991

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA OFFICE

Operator Burnett Oil Co., Inc. ✓	Well API No. 30-015-04320
Address 801 Cherry Street, Suite 1500, Fort Worth, TX 76102	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" 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. 24	Pool Name, Including Formation Grayburg Jackson	Kind of Lease State <u>Federal</u> or Fee	Lease No. NM 2747
Location				
Unit Letter <u>L</u>	<u>330</u>	Feet From The <u>West</u> Line and <u>1870</u>	Feet From The <u>South</u> Line	
Section <u>24</u>	Township <u>27S</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"/> Texas New Mexico Pipe Line Co.	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.	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>D</u> Sec. <u>25</u> Twp. <u>17</u> Rge. <u>30</u>	Is gas actually connected? <u>yes</u>	When? <u>9/13/91</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	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 4/22/62	Date Compl. Ready to Prod. 9/12/91	Total Depth 7030' TD	P.B.T.D. 6830' PBTD					
Elevations (DF, RKB, RT, GR, etc.) 3702' GR	Name of Producing Formation Premier	Top Oil/Gas Pay 3122'	Tubing Depth 3167'					
Perforations 3122'-3124', 3159'-3163'			Depth Casing Shoe					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2"	8-5/8" 24#	1543'	450 <u>Post ID-2</u>
7-7/8"	4 1/2" 11.6#	7030'	720 <u>11-1-91</u>
			<u>comp + BK</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 9/13/91	Date of Test 9/16/91	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 100 psi	Casing Pressure	Choke Size 15/64"
Actual Prod. During Test 75 BO	Oil - Bbls. 75	Water - Bbls. 3	Gas - MCF 20

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.

BP Lloyd
Signature
BP Lloyd for John C. McPhaul, Prod Supt.
Printed Name
Date 9/26/91
Telephone No. 817/332-5108

OIL CONSERVATION DIVISION

Date Approved OCT 24 1991

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.