Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Der ent

RECEIVED

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

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

OIL CONSERVATION DIVISION

SEP 3 0 1991

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

REQUEST FOR ALLOWABLE AND AUTHORIZATIONO. C. D.

		TO TRA						THE NO.			
Operator							i	IPI No.			
Burnett Oil Co., Inc.	, /						3	0-015-0	4320		
Address				т.1 п	77. 7.10						
801 Cherry Street, Su	iite 15	00, FC	rt \	worth, 1		L et (Please expl	aim)				
Reason(s) for Filing (Check proper box)		Change in	Техног	vorter of:	U Ou	ci (i ieuse expi	uin)				
New Well Recompletion	Oil	Change in	Dry G								
Recompletion XI Change in Operator	Casinghead	d Cae	Conde								
If change of operator give name	Calanghor										
and address of previous operator											
II. DESCRIPTION OF WELL	AND LEA	ASE									
Lease Name		Well No.		Name, Includir			Kind o	f Lease		ease No.	
Jackson B		24	G	rayburg	Jackson		State (Federal or Federal	NI NI	1 2747	
Location											
Unit Letter L	_ :3	30	_ Feet I	From The	انا Vest	e and	1870 Fo	et From The	South	Line	
										_	
Section 24 Township	p 27S		Range	30E	, N	мрм,	Edd	У		County	
	cooper	D 05 0	TT 41	IID NIA OCTII	DAT CAC						
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		or Conder		ND NATUI	Address (Gir	e address to w	hich approved	copy of this f	orm is to be se	nt)	
Texas New Mexico Pipe	e Line				1 '	28, Hobb	• •				
Name of Authorized Transporter of Casing		X 7	or Dr	y Gas		e address to w				ent)	
Conoco, Inc.	,			, (ox 1267,					
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.		y connected?	When	?			
give location of tanks.	i D i	25	j 17	30	ye	S		9/13/9	1		
If this production is commingled with that f	from any oth	ner lease or	pool, g	ive commingl	ing order num	ber:					
IV. COMPLETION DATA											
		Oil Well	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		X				<u> </u>	1	X	<u> </u>	X	
Date Spudded	Date Comp				Total Depth			P.B.T.D.	(0001nn		
4/22/62		9/12/91				7030 TD Top Oil/Gas Pay			6830'PBTD		
Elevations (DF, RKB, RT, GR, etc.)	Name of P	•	omatio	o a	TOP OIL CAS			Tubing Dep	առ 3167 '		
3702 GR	Prem	<u>iier</u>				3122 '		Depth Casir			
3122'-3124', 3159'-31	1631							•			
3122 -3124 , 3139 -31	103	TIRING	CAS	ING AND	CEMENT	NG RECOR	SD CD	··			
HOLE SIZE		SING & TI				DEPTH SET			SACKS CEM		
1211		1011 0	4#			543'		450	Pos	TID-2	
7-7/8"	4 1 11		1.6#		7	7030 '		720		-1-91	
									LIN	up + BK	
										<u> </u>	
V. TEST DATA AND REQUES	ET EOD A	A T T ~ ***			L						
Y. IEST DATA AND REQUES	JI POR A	3LLUW	ABLI	€ ,					6 6 11 24 1		
OIL WELL (Test must be after r.	recovery of to	otal volume	ABL	E d oil and must					for full 24 ho	ers.)	
OIL WELL (Test must be after no Date First New Oil Run To Tank	Date of Te	otal volume	of load	E d oil and must	Producing M	lethod (Flow, p			for full 24 ho	urs.)	
OIL WELL (Test must be after n. Date First New Oil Run To Tank 9/13/91	Date of Te	olal volume est 9/16/9	of load	E d oil and must	Producing M F10	lethod (Flow, p wing		etc.)		ers.)	
OIL WELL (Test must be after n. Date First New Oil Run To Tank 9/13/91 Length of Test	Date of Te	otal volume est 9/16/9 essure	91	E d oil and must	Producing M	lethod (Flow, p wing		choke Size		urs.)	
OIL WELL (Test must be after not Date First New Oil Run To Tank 9/13/91 Length of Test 24 hrs.	Date of Te Tubing Pre	otal volume est 9/16/9 essure 100 ps:	91	E d oil and must	Producing M F10	lethod (Flow, p owing nure		etc.)		us.)	
OIL WELL (Test must be after not be after not be first New Oil Run To Tank 9/13/91 Length of Test 24 hrs. Actual Prod. During Test	Date of Te	otal volume est 9/16/9 essure 100 ps:	of load	E d oil and must	Producing M F1 Casing Press	lethod (Flow, p owing nure		Choke Size 15/64 Gas- MCF		urs.)	
OIL WELL (Test must be after n. Date First New Oil Run To Tank 9/13/91 Length of Test 24 hrs. Actual Prod. During Test 75 BO	Date of Te Tubing Pre	otal volume est 9/16/9 essure 100 ps:	of load	E d oil and must	Producing M F1c Casing Press	lethod (Flow, p owing nure		Choke Size 15/64 Gas- MCF	,11	urs.)	
OIL WELL (Test must be after n. Date First New Oil Run To Tank 9/13/91 Length of Test 24 hrs. Actual Prod. During Test 75 BO GAS WELL	Date of Te Tubing Pre 1 Oil - Bbls.	otal volume 9/16/9 essure 100 ps:	of load	E d oil and must	Producing M F1c Casing Press Water - Bbli	ethod (Flow, p owing aure		Choke Size 15/64 Gas- MCF	."	urs.)	
OIL WELL (Test must be after n. Date First New Oil Run To Tank 9/13/91 Length of Test 24 hrs. Actual Prod. During Test 75 BO	Date of Te Tubing Pre	otal volume 9/16/9 essure 100 ps:	of load	c d oil and must	Producing M F1c Casing Press Water - Bbli	lethod (Flow, p owing nure		Choke Size 15/64 Gas- MCF	,11	urs.)	
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OIL WELL (Test must be after n. Date First New Oil Run To Tank 9/13/91 Length of Test 24 hrs. Actual Prod. During Test 75 BO GAS WELL Actual Prod. Test - MCF/D Testing Method (pilot, back pr.)	Tubing Pre Oil - Bbls. Length of Tubing Pre	otal volume est 9/16/9 essure 100 ps:	e of load	d oil and must	Producing M F1c Casing Press Water - Bbls 3 Bbls. Conde	lethod (Flow, p) Wing aure assate/MMCF sure (Shut-in)	nump, gas lift, d	Choke Size 15/64 Gas- MCF 2 Gravity of Choke Size	Condensate		
OIL WELL (Test must be after not be first New Oil Run To Tank 9/13/91 Length of Test 24 hrs. Actual Prod. During Test 75 BO GAS WELL Actual Prod. Test - MCF/D Testing Method (pitot, back pr.) VI. OPERATOR CERTIFIC	Tubing Pre CATE OF	est 9/16/9 essure 100 ps: 75 Test ressure (Shu	e of load 91 i	NCE	Producing M F1c Casing Press Water - Bbli 3 Bbls. Conde	lethod (Flow, p owing nure	nump, gas lift, d	Choke Size 15/64 Gas- MCF 2 Gravity of Choke Size	Condensate		
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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.