

NEW MEXICO OIL CONSERVATION COMMISSION  
Santa Fe, New Mexico

(Form C-104)  
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well  
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any complete Oil or Gas well. Form C-104 is to be submitted in QUADRUPPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well which new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Hobbs, New Mexico

September 11, 1959

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

**BURK ROYALTY COMPANY**

**Henson Federal #2**

Well No. 1, in SW  $\frac{1}{4}$  SW  $\frac{1}{4}$ ,

(Company or Operator)

(Lease)

Sec. 26, T. 20, R. 34, NMPM, **Undesignated (Lynch Ext) \*** Pool

Unit Letter

100

County. Date Spudded 8/10/59

Date Drilling Completed 9/2/59

Please indicate location:

Elevation 3699 GL Total Depth 3767' PBD -

Top Oil/Gas Pay 3645 Name of Prod. Form. Yates

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

PRODUCING INTERVAL -

Perforations 3645-3660 w/4 SPT

Open Hole \_\_\_\_\_ Depth \_\_\_\_\_ Casing Shoe \_\_\_\_\_ Depth \_\_\_\_\_ Tubing \_\_\_\_\_

OIL WELL TEST -

Natural Prod. Test: 62 bbls. oil, 0 bbls water in 24 hrs, 0 min. Size 3/8"

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): \_\_\_\_\_ bbls. oil, \_\_\_\_\_ bbls water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Size \_\_\_\_\_

GAS WELL TEST -

Natural Prod. Test: \_\_\_\_\_ MCF/Day; Hours flowed \_\_\_\_\_ Choke Size \_\_\_\_\_

Tubing, Casing and Cementing Record

Size	Feet	Size
<u>8-5/8"</u>	<u>190'</u>	<u>125 ex</u>
<u>4-1/2"</u>	<u>3767'</u>	<u>270 ex</u>
		<u>609 of 150 ex</u>
<u>2" tbg</u>	<u>at 3640'</u>	

Method of Testing (pitot, back pressure, etc.): \_\_\_\_\_

Test After Acid or Fracture Treatment: \_\_\_\_\_ MCF/Day; Hours flowed \_\_\_\_\_

Choke Size \_\_\_\_\_ Method of Testing: \_\_\_\_\_

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): None

Tubing \_\_\_\_\_ Date first new \_\_\_\_\_  
Press. \_\_\_\_\_ oil run to tanks 9/10/59

Oil Transporter Texas New Mexico Pipe Line Co.

Gas Transporter None

Remarks:

\* C-123 attached

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved....., 19.....

**BURK ROYALTY COMPANY**

(Company or Operator)

OIL CONSERVATION COMMISSION

By: \_\_\_\_\_  
(Signature)

By: \_\_\_\_\_

Title Agent

Title \_\_\_\_\_

Send Communications regarding well to:

Name A. J. Whelan, Burk Royalty Co.

Address 800 Oil & Gas Bldg. Wichita Falls, Tex.