

REQUEST FOR (OIL) - (~~GAS~~) ALLOWABLE

New Well
~~BACKSPECK~~

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPPLICATE to the same District Office to which Form C-104 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 when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Hobbs, New Mexico September 9, 1963
 (Place) (Date)

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

Burk Royalty Company Hanson "D" Well No. 1, in NW 1/4 NW 1/4,
 (Company or Operator) (Lease)

D Sec. 26 T. 20 S R. 34 E, NMPM., Lynch Pool
 Unit Letter

Lea County. Date Spudded 8/25/63 Date Drilling Completed 8/30/63

Please indicate location:

Elevation 3694 KB Total Depth 3730 PBD 3680

Top Oil/Gas Pay 3614 Name of Prod. Form. Yates

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

PRODUCING INTERVAL -

Perforations 3614-18, 3620-24, 3628-31 2 JHPF

Open Hole Depth 3730 Casing Shoe 3730 Depth 3576 Tubing

OIL WELL TEST -

Natural Prod. Test: bbls. oil, bbls water in hrs, min. Choke Size

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 44 bbls. oil, no bbls water in 6 hrs, min. Choke Size 3/8"

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8	270	175
5 1/2	3730	435
2 3/8	3576	

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): 12,000 gals lease oil & 12,000# 20/40 sand

Casing Tubing Date first new Press. 4000 oil run to tanks September 9, 1963

Oil Transporter The Permian Corp.

Gas Transporter None

Remarks: See attachment for deviation surveys.

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)

By: *A. L. Smith*
 (Signature)

OIL CONSERVATION COMMISSION

By: _____

Title: Agent
 Send Communications regarding well to:

Title _____

Name: Burk Royalty Company

% OIL REPORTS & GAS SERVICES
 Address: BOX 763 HOBBS, NEW MEXICO