

DISTRIBUTION	
SANTA FE	2
FILE	1
O.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	1
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Superseding Old C-104 and C-11
Effective 1-1-65

RECEIVED

31

MAY 9 1977

Operator Burk Royalty Co. 140663

Address O.C.C.
800 Oil & Gas Bldg., Wichita Falls, Texas 76701

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well ☐	Change in Transporter of:	<u>Marion Jones</u> Effective 4/1/77	
Recompletion ☐	Oil ☐ Dry Gas ☐		
Change in Ownership ☒	Casinghead Gas ☐ Condensate ☐		

If change of ownership give name and address of previous owner McClellan Oil Corp., Box 848, Roswell, New Mexico 88201

DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Lease Name <u>Double L Queen</u>	<u>Unit - Tract 9</u>	<u>1</u>	<u>Double L Queen Associated</u>	State, <u>Federal</u> or Fee	<u>NM-0306551</u>
Location					
Unit Letter <u>C</u>	<u>330</u>	Feet From The <u>N</u>	Line and <u>1650</u>	Feet From The <u>W</u>	
Line of Section <u>7</u>	Township <u>15-S</u>	Range <u>30-E</u>	<u>NMPM,</u>	<u>Chaves</u>	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Oil ☐ or Condensate ☐						
WELL IS CLOSED IN						
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		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Designate Type of Completion - (X)									
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.D.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

POSTER
ID-3
change

GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test		5.9
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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Billy Hacker
Agent
5/6/77

OIL CONSERVATION COMMISSION

APPROVED MAY 24 1977
BY W.A. Gressett
TITLE SUPERVISOR, DISTRICT #

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 deviated 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, or if name or number, or transporter, or other such change of condition.