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

RECEIVED

MAY 9 1977

Form C-104
Superseding Old C-101 and C-102
Effective 1-1-65

Operator Burk Royalty Co. **O. C. C.**
ARTESIA, OFFICE

Address
800 Oil & Gas Bldg., Wichita Falls, Tx 76301

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:		Other (Please explain)
Recompletion	☐	Oil	☐	
Change in Ownership	☒	Casinghead Gas	☐	Effective 4/1/77
		Dry Gas	☐	
		Condensate	☐	

If change of ownership give name and address of previous owner Exxon Corp., Box 1600, Midland, Texas 79701

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Double L Queen</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Double L Queen Associated</u>	Kind of Lease <u>Fee</u>	Lease No. <u>---</u>
Unit - Tract <u>24</u>				
Location				
Unit Letter <u>D</u>	<u>660</u>	Feet From The <u>N</u>	Line and <u>949</u>	Feet From The <u>W</u>
Line of Section <u>6</u>	Township <u>15-S</u>	Range <u>30-E</u>	, NMPM, <u>Chaves</u> County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
<u>Navajo Refining Co.</u>	<u>N. Freeman Ave., Artesia, New Mexico</u>
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
<u>Phillips Petroleum Co.</u>	<u>Bartlesville, Oklahoma 74004</u>
If well produces oil or liquids, give location of tanks.	Unit <u>D</u> Sec. <u>6</u> Twp. <u>15-S</u> Rgc. <u>30-E</u>
Is gas actually connected?	<u>Yes</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.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

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

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
Billy Hacker
Agent

5/6/77

OIL CONSERVATION COMMISSION

APPROVED MAY 24 1977

BY W. A. Gressett
SUPERVISOR, DISTRICT II

TITLE _____

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 portions 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 change of owner, or Section IV for change of transporter, or other such change of condition.