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

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

RECEIVED

MAY 9 1977

Operator Burk Royalty Co.
Address 800 Oil & Gas Bldg., Wichita Falls, Texas 76301

Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of ☐
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain) f. Florence B. Hest
Effective 4/1/77

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 Double L Queen Well No. 3 Pool Name, including Formation Double L Queen Associated Kind of Lease State, Federal or Fee Lease No. ---
Unit - Tract 24
Location
Unit Letter C 330 Feet From The N Line and 2265 Feet From The W
Line of Section 6 Township 15-S Range 30-E, NMPM, Chaves County

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

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'ty. ☐ Diff. Res'ty.
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 (Test must be after recovery of total volume of lead oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)
Date First New Oil Ran To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)
Length of Test Tubing Pressure Casing Pressure Choke Size 100-100
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gun-MCF 527-97

GAS WELL
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
Testing Method (prior, 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 (Signature)
Agent
5/6/77 (Date)

OIL CONSERVATION COMMISSION
MAY 24 1977
APPROVED W. A. Gressett, 19
BY W. A. Gressett
TITLE SUPERVISOR, DISTRICT II
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 deviation 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 changes of owner, lease, or other such change of condition.