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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

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MAR 6 1980

I. Operator Burk Royalty Co.		O. C. D. ARTESIA OFFICE	
Address 800 Oil & Gas Bldg., Wichita Falls, Texas 76301			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Putting T.A. well back on production	
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Double "L" Queen Unit-TR 8	Well No. 1	Pool Name, including Formation Double "L" Queen Associated	Kind of Lease State, Federal or Fee	Lease No. NM-390243
Location Unit Letter D ; 971 Feet From The West Line and 660 Feet From The North Line of Section 7 Township 15-S Range 30-E , NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Co. - Pipeline Division	Address (Give address to which approved copy of this form is to be sent) Artesia, New Mexico 88210	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	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 H Sec. 36 Twp. 14S Rge. 29E	Is gas actually connected? Yes When March, 1979

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 5/20/70	Date Compl. Ready to Prod. 5/24/70		Total Depth 2047 2024		P.B.T.D. 2014'			
Elevations (DF, RKB, RT, GR, etc.) 3904 GR.	Name of Producing Formation Queen Sand		Top Oil/Gas Pay 1990 1988		Tubing Depth 1998'			
Perforations 1990'-1993' and 1995'-2000'					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
10 3/4"	8 5/8"		416 426		300			
7 7/8"	4 1/2"		2039 T.D.		200			
---	2 3/8"		1998'		---			

V. 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 1/2/80	Date of Test 2/12/80	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 20	Casing Pressure ---	Choke Size 1/8
Actual Prod. During Test 12 bbls. Total	Oil - Bbls. 1	Water - Bbls. 11	Gas - MCF 1.8

GAS WELL

Actual Prod. Test-MCF/D ---	Length of Test ---	Bbls. Condensate/MMCF ---	Gravity of Condensate ---
Testing Method (pitot, back pr.) ---	Tubing Pressure (Shut-in) ---	Casing Pressure (Shut-in) ---	Choke Size ---

VI. 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.

Fred M. Lynch
(Signature)

Petroleum Engineer

(Title)

February 25, 1980

(Date)

Fred M. Lynch

OIL CONSERVATION COMMISSION

MAR 6 1980

APPROVED _____, 19

BY **W.A. Gressitt**

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 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, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

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MAR 3 1980

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