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OPERATOR	<input checked="" type="checkbox"/>
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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 1-1-85

DEC -3 1985

O. C. D.
ARTESIA, OFFICE

Operator Burk Royalty Co. ✓	
Address P. O. Box BRC, Wichita Falls, Texas 76307	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in gatherer to Permian, Inc. EFFECTIVE DECEMBER 1, 1985/
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input checked="" type="checkbox"/> Gas <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	Well No. 1	Pool Name, including Formation Double "L" Queen Association	Kind of Lease NM-390243
Location Unit Letter <u>D</u> : <u>971</u> Feet From The <u>West</u> Line and <u>660</u> Feet From The <u>North</u> Line of Section <u>7</u> Township <u>15-S</u> Range <u>30-E</u> , NMFM, <u>Chaves</u> 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"/> Permian Corporation - Pipeline Div.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, TX 77001
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, OK 74004
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When Yes 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 type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Rest'n. <input type="checkbox"/> Diff. Rest'n. <input type="checkbox"/>
Date Spudded 5/20/70	Date Compl. Ready to Prod. 5/24/70
Elevations (DF, RKB, RT, GR, etc.) 3904 GR.	Name of Producing Formation Queen Sand
Perforations 1990' - 1993' and 1995' - 2000'	Top Oil/Gas Pay 1990'
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE 10 3/4"	CASING & TUBING SIZE 8 5/8"
7 7/8"	4 1/2"
-----	2 3/8"
DEPTH SET 416	SACKS CEMENT 300
2039	200
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 ---
Actual Prod. During Test 12bbbls. 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 (pilot, 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.

Robert Fowler
(Signature)
Production Superintendent
(Title)
11-26-85
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 23 1985, 19
BY Original Signed By
Les A. Clements
TITLE Supervisor District 4

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.

Post #D-3
12-13-85
chg LT: NRC