

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DEC 11 '89

WELL API NO.

30-005-20342

5. Indicate Type of Lease

STATE ☐ FED FEE ☐

6. State Oil & Gas Lease No.

16496

7. Lease Name or Unit Agreement Name

Double "L" Queen Unit
Tract 10

8. Well No.

2

9. Pool name or Wildcat

Double "L" Queen Assoc.

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:

OIL
WELL ☒

GAS

WELL ☐

OTHER

2. Name of Operator

Burk Royalty Co. ✓

3. Address of Operator

P. O. Box BRC, Wichita Falls, Texas 76307

4. Well Location

Unit Letter M : 968 Feet From The West Line and 660 Feet From The South Line

Section 6 Township 15 S Range 30 E NMPM Chaves County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

GR 3897'

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☒

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Casing: 8 5/8" (24#) Set @402' with 300sxs.
4 1/2" (11.5#) set @2016' with 300 sxs.
Perfs: 1985' to 1996.

Procedure:

Pull rods & tubing. Set bridge plug @1925'. Spot 15 sxs cement. Spot 15 sxs cement @1072'. Perf casing @390'. Circ. cement to surface with 115 sxs. Work performed 11-21-89 to 11-24-89.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Fred M. Lynch

TITLE

Petroleum Engineer

DATE

12-6-89

TYPE OR PRINT NAME

Fred M. Lynch

817/322-5421

TELEPHONE NO.

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*Record Only
Wrong Form*