

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-0199070A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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" for such proposals.)

RECEIVED

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	NOV 14 1978
2. NAME OF OPERATOR Burk Royalty Co. ✓	
3. ADDRESS OF OPERATOR 800 Oil & Gas Bldg., Wichita Falls, Texas 76301	O. C. C. ARTESIA, OFFICE
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1650' FSL and 2310' FEL	
14. PERMIT NO. ---	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3876' G.R.

7. UNIT AGREEMENT NAME Double "L" Queen Unit	
8. FARM OR LEASE NAME Dbl. "L" Qn. Ut. TR 3	
9. WELL NO. 2	
10. FIELD AND POOL, OR WILDCAT Double "L" Queen Assoc.	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31-14 S- 30 E	
12. COUNTY OR PARISH Chaves	13. STATE New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Convert prod. to inj. well	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

10-20-78 Pulled tbgs. Ran sand pump and casing scraper to T.D. of 2000'. Pumped 130 bbls. of hot water, no circ.

11- 3-78 T.D. 2000'. Set 4½ Pengo DGXL Permanent packer at 1950'.

11- 6-78 Ran 1950' of 2" fiberglass tubing. Displaced annulus with fresh water. Latched tbgs. into packer at 1950'.

Note: All meas. - G.L.

RECEIVED

NOV 13 1978
U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

18. I hereby certify that the foregoing is true and correct

SIGNED Fred M. Lynch Fred M. Lynch TITLE Engineer DATE November 8, 1978

(This space for Federal or State office use)

APPROVED BY Joe S. Laca TITLE ACTING DISTRICT ENGINEER DATE NOV 13 1978

CONDITIONS OF APPROVAL, IF ANY: