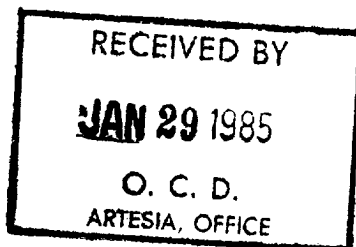


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	GAS
OPERATOR	✓
PRODUCTION OFFICE	



OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Burk Royalty Co.
Address
P. O. Box BRC, Wichita Falls, TX 76307

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

On (Date) **3/10/85** CASINGHEAD GAS MUST NOT BE
FLARED AFTER **3/10/85**
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED. ✓

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Double "L" Qn. Unit TR	Well No. 24-5	Pool Name, Including Formation Double "L" Qn. Assoc.	Kind of Lease State, Federal or Fee	Lease No. 16496
Location Unit Letter F : 1710 Feet From The W Line and 1330 Feet From The N Line of Section 6 Township 15S Range 30E , NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil XX Navajo Refining Co.	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Artesia, New Mexico
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/>	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 36
	Twp. 14S	Rge. 29E
	Is gas actually connected? Yes when 1977	

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Fred M. Lynch
Fred M. Lynch
(Signature)
Petroleum Engineer
(Title)
1-18-85
(Date)

OIL CONSERVATION DIVISION
JAN 28 1985
APPROVED _____, 19____
BY **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR
TITLE _____

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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X				X	
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
12-1-84	1-10-85		1994'			1992'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
GR. - 3877'	Queen Sand		GR. - 1962'			1952'			
Perforations						Depth Casing Shoe			
1962-1972 GR						1994'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
10"	8 5/8"		423			115 (circ.)			
8"	5 1/2"		1994			420 (Circ.)			

V. TEST DATA AND REQUEST FOR ALLOWABLE (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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
1-10-85	1-15-85	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	--	Nil	--
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
114	34	80	--

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

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JAN 25 1985

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