

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-0199070A NM-3613

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"/>	OCT 31 1978	7. UNIT AGREEMENT NAME Double "L" Queen Unit
2. NAME OF OPERATOR Burk Royalty Co. ✓	O.C.C. ARTESIA, OFFICE	8. FARM OR LEASE NAME Doub. "L" Qn. Ut. TR 14
3. ADDRESS OF OPERATOR 800 Oil & Gas Bldg., Wichita Falls, Texas 76301		9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990' FSL and 330' FEL		10. FIELD AND POOL, OR WILDCAT Double "L" Queen Assoc.
11. PERMIT NO. ---	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3911' GR	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12-15S-29E
		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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) Convert Prod. to inj. well <input checked="" type="checkbox"/>		(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.)*

Well Data: T.D. 1989'. 5 1/2" @ 1972' (15.5#) 200 sx. Open hole completion
Treatment unknown.

Proposed Operations: Hot water csg. and tbq. Pull tbq and rods. Run csg. scraper to T.D. and then sand pump to T. D. Run 2" fiberglass tbq. with packer set at 1935'. Work to be performed during October-November, 1978.

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

SIGNED Fred M. Lynch TITLE Engineer DATE October 27, 1978

(This space for Federal or State office use)

APPROVED BY Lee J. Lara TITLE ACTING DISTRICT ENGINEER DATE OCT 30 1978

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side