

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NM OIL COM. COMMISSION

Submit in triplicate
Artesia NM 36210

Form approved.
Budget Bureau No. 42 R1424.

5. LEASE DESIGNATION AND SERIAL NO.

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 or to convert to another use.
Use "APPLICATION FOR PERMIT—" for such proposals.)

RECEIVED BY
JUN 26 1985
O. C. D.
ARTESIA, OFFICE

1. ☐ OIL WELL ☐ GAS WELL ☐ OTHER Injection - water

2. NAME OF OPERATOR
Burk Royalty Co. ✓

3. ADDRESS OF OPERATOR
P. O. Box BRC, Wichita Falls, Texas 76307

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

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3911' GR

7. UNIT AGREEMENT NAME
Double L Queen Unit

8. FARM OR LEASE NAME
Double L Queen Unit Tr. 14

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Double L Queen Assoc.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 12-15S-29E

12. COUNTY OR PARISH
Chaves

13. STATE
NM

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 checked="" type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

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)			

(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' 5½" csg. 1972' (15.5#) 200 sxs., open hole completion

Proposed Operations: Pull 2" fiberglass tubing, test csg., with packer to locate leak.
Set bridge plug below leak. Squeeze with 200 sxs. under a cement retainer. Drill out. Put back on injection.

NOTE: Work to be performed upon receipt of permit.

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

Fred M. Lynch,
Petroleum Engineer

SIGNED *Fred M. Lynch*

TITLE

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY: SUBJECT TO LIKE
APPROVAL BY STATE

DATE 6/17/85

APPROVED
PETER W. CHESTER
DATE

JUN 25 1985

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side