

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate  
(Other instructions on reverse side)

Form approved,  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

~~NM-0199070A~~ NM-0390243  
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 different depths for  
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	
2. NAME OF OPERATOR		Burk Royalty Co. ✓		Double "L" Queen Unit	
3. ADDRESS OF OPERATOR		800 Oil & Gas Bldg., Wichita Falls, Texas 76301		8. FARM OR LEASE NAME	
		O.C.C. ARTESIA, OFFICE		Db1. "L" Qn. Ut. TR 11	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface		330' FNL and 1650' FEL		9. WELL NO.	
				1-1	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.)		10. FIELD AND POOL, OR WILDCAT	
---		3890' GR		Double "L" Queen Associated	
				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"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<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. 2017'. PBTD 2014'. 5 1/2" (15.5#) @ T.D. (150 gx.).  
Perf: 1980-1986' (2/ft.) Frac 30,000 gal. crude and 35,000# S.D.

Proposed Operations: Hot water csg. & tbg., pull tbg. and rods. Run csg. scraper to T.D. and then sand pump to T.D. Run 2" fiber glass tbg. with packer set @ 1950'. 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 Joe J. Lora TITLE ACTING DISTRICT ENGINEER DATE OCT 30 1978

CONDITIONS OF APPROVAL, IF ANY: