

Item C-104
Supersede Old C-101 and C-1
Effective 1-1-65

MAY 9 1977

acc

ARTESIA, OFFICE

Operator
Burk Royalty Co.

Address
800 Oil & Gas Bldg., Wichita Falls, Texas 76301

Season(s) ☐ Writing (Check proper box)

New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil	☐ Dry Gas ☐
Change in Ownership	☒	Gas	☐ Condensate ☐

Other (Please explain)

Effective 4/1/77

If change of ownership give name and address of previous owner Amoco Prod. Co., Box 68, Hobbs, New Mexico 88240

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
Double L Queen Unit - Tract 18	4	Double L Queen Associated	State	K-5652-2

Location
Unit Letter E ; 1650 Feet From The N Line and 990 Feet From The W
Line of Section 25 Township 14-S Range 29-E , NMPM, Chaves County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐					Address (Give address to which approved copy of this form is to be sent)	
Navajo Refining Co. <i>Lipeline Div.</i>					Artesia, New Mexico	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐					Address (Give address to which approved copy of this form is to be sent)	
Phillips Petroleum Co.					Bartlesville, Oklahoma	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
D	25	14-S	29-E	Yes	5-8-71	

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

COMPLETION DATA

Designate Type of Completion — (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.	Total Depth				P.B.T.D.			
Deviations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay				Testing Depth			
Perforations						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

FOOTING, CASING, AND CEMENT			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

(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.)	
Length of Test		Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test		Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Ebbl. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (lb/in ² -in)	Casing Pressure (lb/in ² -in)	Choke Size

CERTIFICATE OF COMPLIANCE

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

Billy Hacker (Signature)
Agent _____ (Title)

OIL CONSERVATION COMMISSION

MAY 18 1977

APPROVED _____, 19

BY W. A. Hesse
TITLE SUPERVISOR, DISTRICT II

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 deviate tests taken on the well in accordance with RULE 111.

All portions of this form must be filled out completely for allowable or new and completed value.

Fill out only Sections I, II, III, and VI for change of name, address or name of agent, or transferred, or other such change of condition.