1.	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER OPERATOR PRORATION OFFICE Operator Burk Royalty Co. Address P. O. Box BRC, Wichita Reason(s) for filing (Check proper box) New We!! Recompletion	AUTRECEIVED B JUL 14 1986 O. C. D. ARTESIA OFFICE A Falls, Texas 76307		Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 GAS ke Queen Unit formed Burk Royalty Co.
	Change in Ownership X Casinghead Gas Condensate became operator effective 6/1/86. If change of ownership give name and address of previous owner Dalport Oil Corporation, 3471 Interfirst One, Dallas, Texas 75202			
11.	Queen Unit - Tract 2 Location Unit Letter L ; 23	1 S.Lucky Lake Q	ueen South State, Federal and 330 Feet From	The W
111	Line of Section 22 Town DESIGNATION OF TRANSPORT	mship Runge	S , MARIN,	naves County
•••	Name of Authorized Transporter of Oil Navajo Refining Name of Authorized Transporter of Cas Phillips Petroleum Co. If well produces oil or liquids,	or Condensate Co. Inghead Gas Or Dry Gas Co. Unit Sec. Twp. Rge.	P. O. Box 159, Art Address (Give address to which appro-	esia, NM 88210 oved copy of this form is to be sent)
	give location of tanks. L 22 15 29 YES 5-23-79 If this production is commingled with that from any other lease or pool, give commingling order number:			
	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completio	n — (A) Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Perforations			Depth Casing Shoe
			CEMENTING RECORD	SACKS CEMENT
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	Post ID-3
				Chg Up & Well Hame
v.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a)	 fter recovery of total volume of load of	l and must be equal to or exceed top allow-
	OIL WELL Date First New Oil Run To Tanks	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas l	ift, etc.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF
	CAC WELL			
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI.	. 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 above is true and complete to the best of my knowledge and belief.		OIL CONSERVATION COMMISSION	
			APPROVED AUG - 8 1986 , 19	
,	Shirley Bridwell, Agent (Title) July 11, 1986		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.	