

UNITED STATES NM 011 SUBMIT TO BUREAU OF LAND MANAGEMENT
DEPARTMENT OF THE INTERIOR (Other Instruction on Reverse side)
BUREAU OF LAND MANAGEMENT Artesia, NM 88210

Budget Bureau No. 1004-0135
Expires August 31, 1985

421
08

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED

(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.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐ MAR 23 '89

2. NAME OF OPERATOR
Burk Royalty Co. ✓

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

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
2310' from South line and 330' from West line

14. PERMIT NO.
Order No. R-1840-A

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
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5. LEASE DESIGNATION AND SERIAL NO.
NM-0232568A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
S. Lucky Lake Queen Unit

8. FARM OR LEASE NAME
S. Lucky Lake Qn. Tr. 2

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
S. Lucky Lake Queen Pool

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 22, T15S, R29E

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:

SUBSEQUENT REPORT OF:

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

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) put well on injection <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.)*

2-20-89 Pulled rods & tubing. Ran scraper and sand pump to 1788'.
Started running 2" fiberglass lined tubing.

2-21-89 Finished running tubing with packer set at 1721'. Pumped
packer fluid but casing would not test. Set packer at
1690' and casing tested okay.

3-13-89 Put well on injection.

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

SIGNED

Fred M. Lynch
Fred M. Lynch

TITLE Petroleum Engineer

DATE 3-15-89

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
PETER W. CHESTER

DATE

MAR 22 1989

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side