

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT Artesia, NM 88210

NM Permit Construction  
(Other Instruction 2 re-  
vised 1/85)

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

1 of 1

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. ✓ O. C. D.

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 the North line and 1650' from West line

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

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3847' GR

5. LEASE DESIGNATION AND SERIAL NO.  
NM-0557563

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. 3

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)			

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		X

(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.) \*

2-21-89 Pulled tubing. Ran Scraper.

2-22-89 Sand pump to 1804'. Ran 2" fiberglass lined tubing with packer set at 1721'. Pumped packer fluid but casing would not test. Pulled more tension on packer, tested okay.

3-13-89 Put well on injection.

POST ID-3  
3-24-89  
Chg to WFLW

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  
SUNWELL RESOURCE AREA

\*See Instructions on Reverse Side