to Appropriate District Office	Energy, Minerals and Natural Resources Department		~	Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 28 ESCEIVED		WELL API NO.	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico		5. Indicate Type o	Lease and FED
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	I	AUG 28 '89	6. State Oil & Gas	STATE FEE
(DO NOT USE THIS FORM FOR PR DIFFERENT RESE	FICES AND REPORTS ON WE ROPOSALS TO DRILL OR TO DEEPER ERVOIR. USE "APPLICATION FOR PE C-101) FOR SUCH PROPOSALS.)	KORIPLUG BACK TO A		Unit Agreement Name
1. Type of Well: OIL OAS WELL WELL		ection wells	Unit 7	ucky Lake Queen
2. Name of Operator Burk Royalty 3. Address of Operator			8. Well No. 204, 30 9. Pool name or W	
P. O. Box BR	C, Wichita Falls, T	exas 76307	Lucky L	ake Queen South
	LOW Feet From The	Line and	Feet From	The Line
Section			NMPM	County
	10. Elevation (Show whether 3800 + (GR)	r DF, RKB, RI, GR, elc.)		
11. Check NOTICE OF IN	Appropriate Box to Indicate TENTION TO:		eport, or Other SEQUENT R	
		REMEDIAL WORK		
PULL OR ALTER CASING		CASING TEST AND C	[]	
OTHER: Increase injec	tion pressure 🛛 🕅	OTHER:		<u> </u>
12. Describe Proposed or Completed Oper work) SEE RULE 1103.	rations (Clearly state all pertinent details, c	and give pertinent dates, inclu	ding estimated date of	starting any proposed
Well Location: Tr	act 2 No. 4 N 990' act 3 No. 1 F 2310 act 7 No. 1 O 660'	' FNL & 1650'	FWL Sec.	
below 100 BWPD inj for increased pres wells in the unit. Flood and was floo	sts were run on 3 i ection rate of 350 sure and we request The Sulimar Flood ded at 1000 psig wi s possible to prope	psig. The ra an increase of Jack McCl th no channel	tes indica to 1000 ps ellans' of ing. We r	te a need sig for all fsets this
I hereby certify that the information above is to	rue and complete to the best of my knowledge at	nd belief.		
SKONATURE <u>Fred</u> M. Lynch	······································	ma Petroleum	Engineer	817/322-5421
TYPE OR FRINT NAME	The second secon			TELÉPHONE NO.
(This space for State Use)	and mile Form			
	ΤΤ		· · · · · · · · · · · · · · · · · · ·	DATE
CONDITIONS OF APPROVAL, IF ANY:	$\mathcal{O}_{\mathbf{h},0}$			