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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

RECEIVED BY JUL 14 1986 O. C. D. ARTESIA, OFFICE	RECEIVED BY JUL 24 1986 O. C. D. ARTESIA, OFFICE
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I. Operator
Burk Royalty Co. ✓
Address
P. O. Box BRC, Wichita Falls, Texas 76307
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
South Lucky Lake Queen Unit formed effective 6/1/86. Burk Royalty Co. became operator effective 6/1/86.

If change of ownership give name and address of previous owner
Bison Petroleum Corp., 203 W. 8th Suite 510, Amarillo, TX

II. DESCRIPTION OF WELL AND LEASE
Lease Name South Lucky Lake Queen Unit - Tract 4
Well No. 2 S Lucky Lake Queen South
Pool Name, Including Formation
Kind of Lease ~~XXX~~, Federal ~~XXX~~
Lease No.
Location
Unit Letter A, 330 Feet From The N Line and 330 Feet From The E
Line of Section 21 Township 15S Range 29E, NMPM, Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Navajo Refining Co.
Address (Give address to which approved copy of this form is to be sent)
P. O. Box 159, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Phillips Petroleum Co.
Address (Give address to which approved copy of this form is to be sent)
Bartlesville, OK
If well produces oil or liquids, give location of tanks.
Unit A Sec. 21 Twp. 15 Rge. 29
Is gas actually connected? YES When 8-1-76

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

IV. COMPLETION DATA
Designate Type of Completion - (X)
Date Spudded
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
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE
CASING & TUBING SIZE
DEPTH SET
SACKS CEMENT
157 ID-3

V. 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
Bbls. 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.
Shirley Bridwell, Agent
July 11, 1986
OIL CONSERVATION COMMISSION
AUG - 8 1986
APPROVED
Original Signed By
BY
TITLE
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.

