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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		✓
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
RECEIVED BY JUL 14 1986 O. C. D. ARTESIA, OFFICE	RECEIVED BY JUL 24 1986 O. C. D. ARTESIA, OFFICE

TA WELL

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 Dalport Oil Corporation, 3471 Interfirst One, Dallas, Texas

II. DESCRIPTION OF WELL AND LEASE
Lease Name South Lucky Lake Queen Unit - Tract 2
Well No. 4
Pool Name, Including Formation Lucky Lake Queen - South
Kind of Lease ~~XXX~~, Federal ~~XXX~~
Location
Unit Letter N 990 Feet From The S Line and 1477 Feet From The W
Line of Section 22 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 Sec. Twp. Rge. Is gas actually connected? When

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)
Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
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
Post ID-3
8-8-86
Chg Op & well name

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 Les A. Clements
TITLE Supervisor District II
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.