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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION	
RECEIVED BY REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
JUL 14 1986	
O. C. D. ARTESIA, OFFICE	
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JUL 24 1986	
O. C. D. ARTESIA, OFFICE	

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

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: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☒ 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 Yates Petroleum Co., 207 South 4th St., Artesia, NM 88210

II. DESCRIPTION OF WELL AND LEASE

Lease Name	South Lucky Lake Queen Unit - Tract 1	Well No.	2	Pool Name, Including Formation	S. Lucky Lake Queen South	Kind of Lease	XXX, Federal XXX	Lease No.	
Location Unit Letter D ; 330 Feet From The N Line and 330 Feet From The W Line of Section 27 Township 15S Range 29E , NMPM, Chaves County									

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 E	Sec. 27	Twp. 15	Rge. 29	Is gas actually connected? No	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					
				Cng Dpt 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)

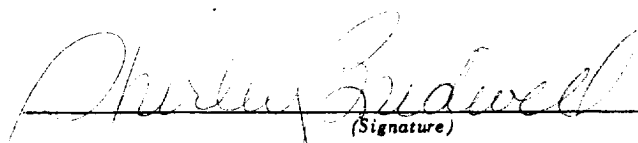
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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.


(Signature)
Shirley Bridwell, Agent
(Title)
July 11, 1986
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG - 8 1986
Original Signed By
BY Les A. Clements
Supervisor District II
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.