



Form C-104
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Format 06-01-83
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STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Burk Royalty Co.

Address PO Box "BRC" Wichita Falls, Texas ~~76703~~ 76307

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner Manned Pipe & Supply Box 1037 Artesia, N.M.

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Alto State</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Double-L Queen Associated</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>K-4321</u>
Location				
Unit Letter <u>J</u>	<u>1650</u> Feet From The <u>South</u>	Line and <u>1650</u> Feet From The <u>East</u>		
Line of Section <u>1</u>	Township <u>15S</u>	Range <u>29E</u>	<u>NMPM,</u>	<u>Chaves</u> 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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Navajo Refining Co.</u>	<u>N. Freeman Ave., Artesia, NM 88210</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When

Post ID-3
6-6-86
Cag ap.

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Fred M. Lynch Fred M. Lynch
(Signature)
Petroleum Engineer
(Title)
5-1-86
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 9 1986, 19____

BY Original Signed By
Les A. Clement

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.