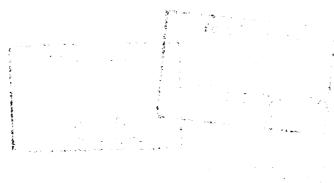
		5 ·	- -		
	NO. OF COPIES RECEIVED				
	DISTRIBUTION	NEW MEXICO OIL C	ONSERVATION COMMISSION	Form C-104	
	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65	
	U.S.G.S.	THE PART OF TO	AND NSPORT OIL AND NATURAL GA	c	
	LAND OFFICE	NO MENETAGINA O IN	P& (1) (2) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	.5	
	IRANSPORTER OIL GAS	JUL 14 1986	RECEIVED BY		
1.	OPERATOR C PRORATION OFFICE	O. C. D. ARTESIA, OFFICE	JUL 24 1986		
	Burk Royalty Co.	ARTESIA, CI	O. C. D.	,	
	Address		ARTESIA, OFFICE		
	P. O. Box BRC, Wichita Falls, Texas 76307				
	Reason(s) for filing (Check proper box) New Well Change in Transporter of: Other (Please explain) South Lucky Lake Queen Unit formed				
	New Well Recompletion	Change in Transporter of: Oil Dry Ga		Burk Royalty Co.	
	Change in Ownership X	Casinghead Gas Conden	<u> </u>		
	If shares of suppossible give name				
	If change of ownership give name and address of previous owner				
	DESCRIPTION OF WELL AND	ESCRIPTION OF WELL AND LEASE			
II. DESCRIPTION OF WELL AND LEASE Lease Name South Lucky Lake Well No. Pool Name, Including Formation Kind of Lease				Lease No.	
	Queen Unit - Tract 5	1 \$ Lucky Lake Q	ueen South ※次名 Federal 》	XXX	
Location Unit Letter M . 330 Feet From The S Line and 330 Feet From The W				SAF	
	Unit Letter IVI ; 330	Feet From The 5 Lin	e and 330 Feet From The	e	
Line of Section 15 Township 15S Range 29E , NMPM, Chaves				County	
			_		
III.	DESIGNATION OF TRANSPORT	or Condensate	Address (Give address to which approved	d copy of this form is to be sent)	
	Navajo Refining		P. O. Box 159, Artesi	a, NM 88210	
	Name of Authorized Transporter of Cas		Address (Give address to which approved	d copy of this form is to be sent)	
	None		Is gas actually connected? When		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is day actually connected?		
		1	give commingling order number:		
If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA					
	Designate Type of Completio	n - (X)	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.	
	Bate Spaaded				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth	
	Perforations			Depth Casing Shoe	
			CEMENTING RECORD	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	Post ID-3	
				8-7-86	
				Cis Op Y	
				WEIL Hame	
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 all able for this depth or be for full 24 hours)			d must be equal to or exceed top allow-	
	Date First New Oil Run To Tanks Date of Test		Producing Method (Flow, pump, gas lift, etc.)		
		The base of the same of the sa	Casing Pressure	Choke Size	
	Length of Test	Tubing Pressure	Cdamy Pressure	0	
	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	
			OH CONSERVAT	TION COMMISSION	
VI.	. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION AUG - 8 1986		
	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.		APPROVED, 19, 19, 19		
			BY Les A. Clements		
	Miley Bridevell (Signature)		Commission District 11		
			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.		
,	Shirley Bridwell, Agent				
	(Title)				
	July 11, 1986 (Date)				
	15-			Separate Forms C-104 must be filed for each pool in multiply	
			completed wells.		



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