

Office

Energy, Minerals and Natural Resources

Revised July 18, 2013

District I - (575) 393-6161

1625 N. French Dr., Hobbs, NM 88240

District II - (575) 748-1283

811 S. First St., Artesia, NM 88210

District III - (505) 334-6178

1000 Rio Brazos Rd., Aztec, NM 87410

District IV - (505) 476-3460

1220 S. St. Francis Dr., Santa Fe, NM

87505

HOBBS OCD

OIL CONSERVATION DIVISION

MAR 11 2019

1220 South St. Francis Dr.

Santa Fe, NM 87505

RECEIVED

WELL API NO.

30-025-02501

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

00284

7. Lease Name or Unit Agreement Name

NEAL

8. Well Number 003

9. OGRID Number

3053

10. Pool name or Wildcat

96090 YATES

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well ☐ Gas Well ☒ Other SALT WATER DISPOSAL

2. Name of Operator

BURK ROYALTY CO., LTD.

3. Address of Operator

P O BOX 94903, WICHITA FALLS, TX 76308-0903

4. Well Location

Unit Letter A : 330 feet from the NORTH line and 993 feet from the EAST line

Section 35 Township 20S Range 34E NMPM LEA County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

3726' GL

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐CHANGE PLANS ☐PULL OR ALTER CASING ☐MULTIPLE COMPL ☐DOWNHOLE COMMINGLE ☐CLOSED-LOOP SYSTEM ☐OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐P AND A ☐CASING/CEMENT JOB ☐OTHER: ☒

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

RAN STATE REQUIRED BRADENHEAD TEST REPORT

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

TITLE PETROLEUM ENG

DATE MARCH 6, 2019

Type or print name ROB HYDE E-mail address: rob.hyde@burkroyalty.com PHONE: 940/397-8600

For State Use Only

APPROVED BY:

TITLE

DATE

Conditions of Approval (if any):

MAR 11 2019

RECEIVED

State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name Burk Royalty		API Number 30-025-02501	
Property Name NEAL		Well No. #3	

7. Surface Location

UL - Lot A	Section 35	Township 20S	Range 34E	Feet from 330	N/S Line N	Feet From 993	E/W Line E	County LEA
----------------------	----------------------	------------------------	---------------------	-------------------------	----------------------	-------------------------	----------------------	----------------------

Well Status

TA'D WELL YES <input type="radio"/> NO <input checked="" type="radio"/>	SHUT-IN YES <input type="radio"/> NO <input checked="" type="radio"/>	INJECTOR INJ <input type="radio"/> SWD <input checked="" type="radio"/>	PRODUCER OIL <input type="radio"/> GAS <input type="radio"/>	DATE 3-1-19
----------------------------------------------------------------------------	--------------------------------------------------------------------------	----------------------------------------------------------------------------	-----------------------------------------------------------------	-----------------------

OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Csg	(E) Tubing
Pressure	0	N/A	N/A	0	100
Flow Characteristics					
Pull	Y / <input checked="" type="radio"/>	Y / N	Y / N	Y / <input checked="" type="radio"/>	CO2 <input type="checkbox"/>
Steady Flow	Y / <input checked="" type="radio"/>	Y / N	Y / N	Y / <input checked="" type="radio"/>	WTR <input checked="" type="checkbox"/>
Surges	Y / <input checked="" type="radio"/>	Y / N	Y / N	Y / <input checked="" type="radio"/>	GAS <input type="checkbox"/>
Down to nothing	<input checked="" type="radio"/> N	Y / N	Y / N	<input checked="" type="radio"/> N	Type of fluid Injected for Measured if applies
Gas or Oil	Y / <input checked="" type="radio"/>	Y / N	Y / N	Y / <input checked="" type="radio"/>	
Water	Y / <input checked="" type="radio"/>	Y / N	Y / N	Y / <input checked="" type="radio"/>	

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

OPERATOR COPY

Signature: Kirk Parker		OIL CONSERVATION DIVISION	
Printed name: KIRK PARKER		Entered into RBDMS	
Title: FIELD SUPERINTENDENT		Re-test	
E-mail Address: kirk@burkroyalty.com			
Date: 3/6/2019	Phone: 940/397-8600		
Witness: Greg Benson			

INSTRUCTIONS ON BACK OF THIS FORM

HOBBS OCD

MAR 11 2019

RECEIVED



