

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Hobbs, New Mexico 11/13/60

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

BURK ROYALTY COMPANY

Shell State "M"

Well No. 1

SE

SW

(Company or Operator)

(Lease)

N

Sec. 8

T 16S

R. 34E

NMPM,

Hume-Queen

Pool

Unit Letter

Lea

County. Date Spudded 10/13/60

Date Drilling Completed 10/24/60

Please indicate location:

Elevation 4135' GL

Total Depth 4021'

PBTD -

Top Oil/Gas Pay 3940'

Name of Prod. Form. Queen

PRODUCING INTERVAL -

Perforations 3940-54' w/56 bullet holes

Open Hole

Depth

Depth

Casing Shoe

Tubing

OIL WELL TEST -

Natural Prod. Test: bbls. oil, bbls water in hrs, min. Size Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 42 bbls. oil, 1 bbls water in 15 hrs, min. Size Choke ppng

GAS WELL TEST -

Natural Prod. Test: MCF/Day; Hours flowed Choke Size

Tubing, Casing and Cementing Record

Size

Feet

Sax

Method of Testing (pitot, back pressure, etc.):

Test After Acid or Fracture Treatment: MCF/Day; Hours flowed

Choke Size Method of Testing:

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 5000 gal 1s oil 5000# sand

Casing Press. 0# Tubing Press. 0# Date first new oil run to tanks 11/11/60

Oil Transporter Permian Oil Corp.

Gas Transporter None

Remarks:

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

Approved: 19

BURK ROYALTY COMPANY

(Company or Operator)

OIL CONSERVATION COMMISSION

By: (Signature)

Agent

Title: Send Communications regarding well to:

Name: c/o Oil Reports Box 763 Hobbs, N.M.

Address: