

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 QUADRUPLICATE 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

August 5, 1959

(Place)

(Date)

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

BURK ROYALTY COMPANY Neal

(Company or Operator)

Well No. 2

in SW

NE

1/4

Unit Letter

Sec. 35

T. 20

(Lease)

R. 34

NMPM, Lynch

Pool

Lea

County. Date Spudded 7/15/59

Date Drilling Completed 7/26/59

Elevation 3765.5

Total Depth 3819

PBTD

Top Oil/Gas Pay 3710

Name of Prod. Form. Yates

PRODUCING INTERVAL -

Perforations 3710-28 w/72 holes

Open Hole

Depth

Casing Shoe

Depth

Tubing 3690'

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 46 bbls. oil, 0 bbls water in 24 hrs, _____ min. Choke Size _____

GAS WELL TEST -

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

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

Test After Acid or Fracture Treatment: _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): None

Casing

Press.

Tubing

Press.

Date first new

oil run to tanks

8/1/59

Oil Transporter Texas New Mexico Pipe Line Co.

Gas Transporter

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)

By: _____

(Signature)

Title Agent

Send Communications regarding well to:

Name A. J. Whalan 800 Oil & Gas Bldg.

Address Wichita Falls, Texas

OIL CONSERVATION COMMISSION

By: _____

Title _____