

Submit to Appropriate
District Office
State Lease - 6 copies
Fee Lease - 5 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

API NO. (assigned by OCD on New Wells)

~~NOT AVAILABLE~~ *

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

00284

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:

DRILL ☐

RE-ENTER ☐

DEEPEN ☐

workover
PLUG BACK ☒

b. Type of Well:

OIL
WELL ☐

GAS
WELL ☐

☒

OTHER

INT. SWD

SINGLE
ZONE ☐

MULTIPLE
ZONE ☐

7. Lease Name or Unit Agreement Name

NEAL

2. Name of Operator

BURK ROYALTY CO.

8. Well No.

3

3. Address of Operator

P O BOX BRC, WICHITA FALLS, TX 76307-7507

9. Pool name or Wildcat

LYNCH

96090
Yates SR

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

10. Proposed Depth

T.D. 3805'

11. Formation

YATES

12. Rotary or C.T.

13. Elevations (Show whether DF, RT, GR, etc.)

3,726 G.L.

14. Kind & Status Plug. Bond

15. Drilling Contractor

16. Approx. Date Work will start

02/14/93

17.

ACTUAL

~~PROPOSED~~

CASING AND CEMENT PROGRAM

SIZE OF HOLE

SIZE OF CASING

WEIGHT PER FOOT

SETTING DEPTH

SACKS OF CEMENT

EST. TOP

11"

8-5/8"

28#

190'

100

SURF.

7-7/8"

5-1/2"

14#

3804'

200

EXISTING WELL: THE WORK TO BE PERFORMED IS TO REPAIR A CASING LEAK. THE WELL WOULD NOT PASS THE STATE'S CASING INTEGRITY TEST.

OPER. OGRID NO. 003053

PROPERTY NO. 002384

POOL CODE 42370

EFF. DATE 2-23-94

* API NO. 30-025-02501

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

SIGNATURE

Stephen R. Stults
STEPHEN R. STULTS

TITLE

VICE PRESIDENT, PROD.

DATE

2/17/94

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

FEB 23 1994

Submit to Appropriate
District Office
State Lease - 4 copies
Fee Lease - 3 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-102
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

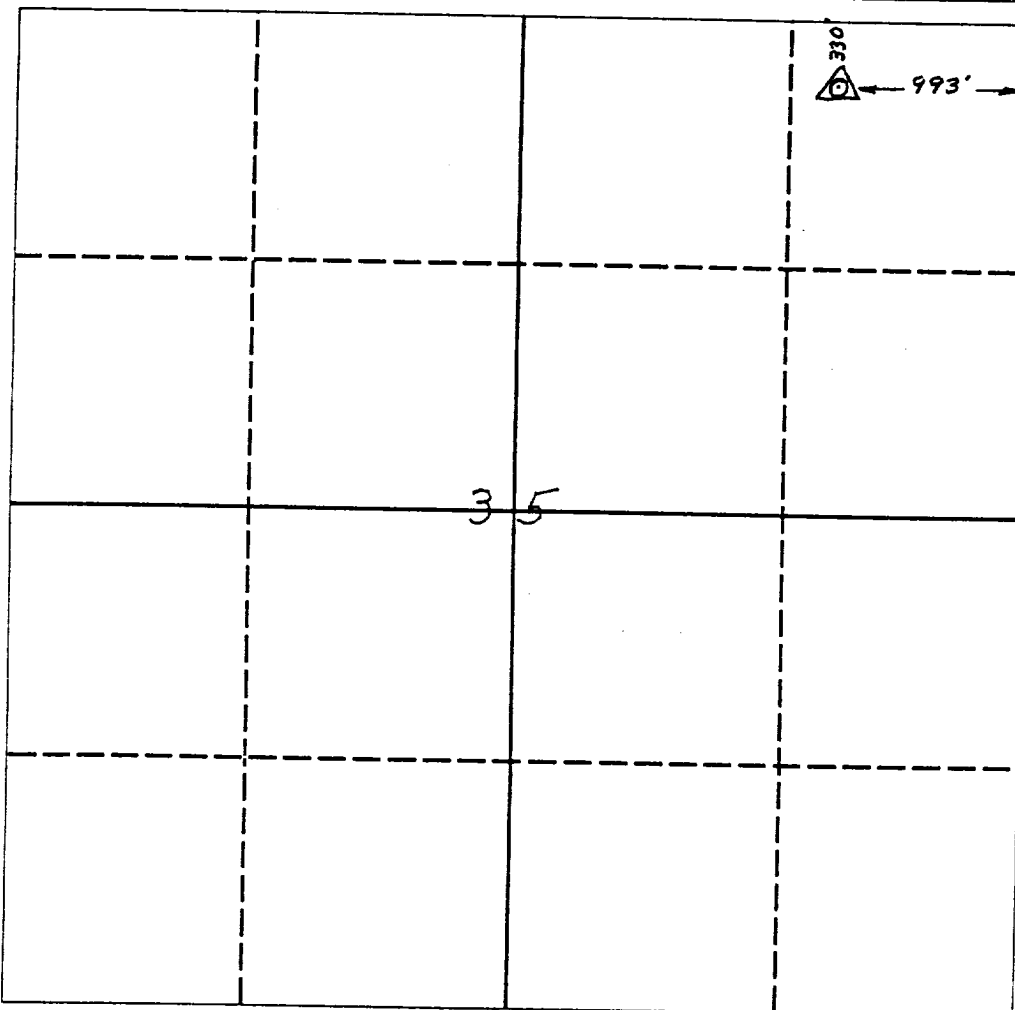
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator BURK ROYALTY CO.			Lease NEAL		Well No. 3
Unit Letter A	Section 35	Township 20S	Range 34E	County LEA	
Actual Footage Location of Well: 330 feet from the NORTH line and 993 feet from the EAST line					
Ground level Elev. 3726'	Producing Formation YATES		Pool LYNCH Y-SR	Dedicated Acreage: 40 Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?
☐ Yes ☐ No If answer is "yes" type of consolidation _____
If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____
No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief. <i>[Signature]</i> Signature	
STEPHEN R. STULTS Printed Name	
VICE PRES., PROD. Position	
BURK ROYALTY CO. Company	
02/17/94 Date	

SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.	
Date Surveyed	
Signature & Seal of Professional Surveyor	
Certificate No.	

