

Deal Simplified OK.  
Order # R-2785

Rec'd. 8-8-66

3 - ~~multi~~ S.E. N.M.  
Packer Leakage Test

Rec'd. 8-8-66

2 - Multipoint + one Point  
Back Pressure Test For  
Gas Well

Rec'd. 8-24-67

(3) S.E. N.M. Packer Leakage Test

1-9-80

Acoustic Velocity

20-9607

Foxy Log

5000-9608

Ind. Elec.

1206-9607

Rec'd. 12-10-65

2 - Corrected Multi-Point Back  
Pressure Test For Gas Wells

SD-85-3  
5-21-85

Submit 5 Copies  
Appropriate District Office  
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

State of New Mexico  
Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

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

RECEIVED

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

DEC 13 '90

O. C. D.  
ARTESIA, OFFICE

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Nearburg Producing Company	Well API No. 30-015-10339
Address P. O. Box 823085, Dallas, Texas 75382-3085	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Operator change effective 12/1/90.	
If change of operator give name and address of previous operator BHP Petroleum Company, Inc., 5847 San Felipe, Suite 3600, Houston, Texas 77057	

### II. DESCRIPTION OF WELL AND LEASE

Lease Name Dagger Draw Gas Com	Well No. 1	Pool Name, including Formation Dagger Draw - Morrow	Kind of Lease <del>State</del> Federal or <del>State</del>	Lease No. NM08386
Location Unit Letter <u>0</u> : <u>660</u> Feet From The <u>south</u> Line and <u>1,980</u> Feet From The <u>east</u> Line Section <u>6</u> Township <u>20S</u> Range <u>25E</u> , NMPM, <u>Eddy</u> County				

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Natural Gas Pipeline Company	P. O. Box 283, Houston, Texas 77001-0283	
If well produces oil or liquids, give location of tanks.	Unit <u>0</u> Sec <u>6</u> Twp <u>20S</u> Rge <u>25E</u>	Is gas actually connected? <u>yes</u> When ?

If this production is commingled with that from any other lease or pool, give commingling order number:

### IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	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.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

### TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			<u>Post ID-3</u>
			<u>12-21-90</u>
			<u>chy op</u>

### 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 allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

### VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Mildred Simpkins

Signature  
Mildred Simpkins, Production Analyst

Printed Name  
12/10/90

Date  
214/739-1778

Telephone No.

### OIL CONSERVATION DIVISION

Date Approved DEC 17 1990

By ORIGINAL SIGNED BY

MIKE WILLIAMS

Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.