## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(			
DISTRIBUTE	D#		
SANTA FE		$ \nabla$	
FILE		1	
U.S.G.S.			
LAND OFFICE		1_/	1
TRANSPORTER	OIL	1	$V \angle$
I HAMEFONI EN	GAS	V	<u>/_</u>
OPERATOR		V	
PROBATION OF	· HC E	1	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 RECEPVED

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LAND OFFICE			JUL 1	.8 <b>'</b> 88
TRANSPORTER GAS	REQUEST FOR	ALLOWABLE		
OPERATOR V	AND	)	0. 0	C. D.
PROBATION OFFICE	AUTHORIZATION TO TRANSPO	ORT OIL AND NATUR	(AL GAS ARTESIA)	, OFFICE
I	<del></del>			
Operator Compa	ny 1			·
Nearburg Producing Compa	ny V			
P. O. Box 31405, Dallas,	Taxas 75231-0405			
P. U. BOX 31405, Dairas,	16743 19591 0.60	Other (Please	explain)	
Reason(s) for filing (Check proper box)	Change in Transparter of:	Change	e in Transporter et	ffective
New Woll		Gas Augus	t 1, 1988	
Recompletion		densate		
Change in Ownership				
If change of ownership give name				
and address of previous owner				
The second section (AND)	TEACD			Legse No.
II. DESCRIPTION OF WELL AND	Well No.   Peol Name, Including For	rmation	Kind of Lease	Lease (No.
Lease Name	1 PBoyd Atoka-Mo		State, Federal or Fee Fee	
Osage Boyd Com	1   10,0 1.00.2		-	
Location E 1980	Feet From The North Line	and 660	Feet From The West	
Unit Letter E : 1900	Feet From The			_
15	thip 19S Rome 2	5E , NMPM	· Fddy	County
Line of Section 15 Towns	173	<u>, , , , , , , , , , , , , , , , , , , </u>	-	
III. DESIGNATION OF TRANSPO	DETER OF OIL AND NATURAL	GAS	and annual chie	form is to be sent)
Name of Authorized Transporter of Oil	or Condensate	Address (Give address	to which approved copy of this	10V26 76024
Koch Oil Co., Div. of Ko		P. O. Box 155	8, Breckenridge, T	exas 10024
Name of Authorized Transporter of Casin	anhead Gas or Dry Gas 🔀	Address (Give address	to which approved copy of this	10 m 13 10 01 10 m
		P.O.Box 1188	Houston TX 770	901
Pacific Atlantic Marke	Unit Sec. (WP. 1104)	is gas actually connect	3/11/86	^ -
If well produces oil or liquids, give location of tanks.	E 15 19S 25E	yes		7.02.55
If this production is commingled with	the fear of pool.	give commingling orde	r number:	1-22-10
If this production is commingled with	that from any other reason of party		-	eng LT
NOTE: Complete Parts IV and V	on reverse side if necessary.			
			CONSERVATION DIVIS	ION
VI. CERTIFICATE OF COMPLIAN	CE		JUL 1 9 1988	19
	of the Oil Conservation Division have	II APPROVED		, 19
I hereby certify that the rules and regulation been complied with and that the information	given is true and complete to the best of		ginal Signed By	
my knowledge and belief.	}	BY	Mike Williams	
	,	TITLEOi	& Gas Inspector	
11	, ·		o be filed in compliance w	ith RULE 1104.
i la la fina	1 101 100	14		POINT (1911) BC Of GRADATIA
gridded Sin	met 10			
	we/	11	Mail III accordance	. •
Production Analyst			of this form must be filled o	
Tule	17	1.6		for changes of owne
July 15, 1988				
(Date	<i>u</i>	Separate Form	ns C-104 must be filed fo	s each boot in muntip
	1	completed wells.		

RECEIVED BY

MAR 05 1986

O. C. D. ARTESIA, OFFICE

## STATE OF NEW MEXICO **ENERGY AND MINERALS DEPARTMENT**

DISTRIBUTION	DM		Γ		
SANTA PE	SANTA FE				
PILE		V			
U.S.Q.S.					
LAND OFFICE					
TRANSPORTER	OIL				
	GAS				
OPERATOR					
PROBATION OFF					

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

Separate Forms C-104 must be filed for each pool in multiply completed wells.

## REQUEST FOR ALLOWABLE

OPERATOR .		ND	•		•
AUTHOR	RIZATION TO TRANS	PORT OIL AND NA	TURAL GAS		•
Coperator	<del></del>		<del></del>		
  Nearburg Producing Company					
Address		<del> </del>			
P.O. Box 31405 Dallas.	Texas 752	31			
Reesen(s) for filing (Check proper box)		Other (Pla	ase explain)		
	n Trensporter of:				•
	<b>—</b>	ry Gas Condensate			
Create in Carrenth					
If change of ownership give name					
and address of previous owner	<del></del>	<del></del>		<del></del>	<del></del>
II. DESCRIPTION OF WELL AND LEASE		<u> </u>	<del> </del>		
Lease Name Well No.	Pool Name, Including F	ormation	Kind of Lease		Lease No.
Osage Boyd Com 1	Boud Atoka	-Morrow	State, Federal or Fee	<u>e                                     </u>	
Location					
Unit Letter E : 1980? Feet Fro	m The North Lu	ne and <u>660?</u>	Feet From TheWE	25t	
Line of Section 15 Township 1	95 Range	25E , NM	PM, Eddu		County
Com of oreinn 12					
III. DESIGNATION OF TRANSPORTER OF	OIL AND NATURA				
Name of Authorized Transporter of Oil or C	Condensate 🔀	Address (Give addre	is to which approved copy of this	i form is to b	ie sent)
Navajo Refining Company	5		or 159. Artesia.		
Name of Authorized Transporter of Casinghead Gas					
Pacific Atlantic Marketing		Is gas actually conne	(188, Houston, T)	X770	1011
If well produces oil or liquids, give location of tanks.	5 19S 25E	NO	Upon_Apr		
If this production is commingled with that from an			• • • • •		
		Bree commissions			<del></del>
NOTE: Complete Parts IV and V on reverse s	ide if necessary.				
VI. CERTIFICATE OF COMPLIANCE		OIL.	<b>CONSERVATION DIVIS</b>	ION	
		1	JUL 1 9 1000	•	
I hereby certify that the rules and regulations of the Oil Co been complied with and that the information given is true as	onservation Division have and complete to the best of	APPROVED		, 18	)
my knowledge and belief.		BY	original Signed By Mike Williams		
·		TITLE C	Wilke Williams    & Gas Inspector	•	,
On O		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	il & Ods mores		
1.K Max Van Od		i i	to be filed in compliance wi		<del>-</del>
(Signature)			equest for allowable for a new ust be accompanied by a tabl		
Engineering Manager		tests taken on th	e well in accordance with A	ULE 111.	
(Title)			of this form must be filled ever recompleted wells.	it complete!	y for allow-
3/4/86			Sections L. II. III, and VI	for change	s of owner,
(Date)	· · · · · · · · · · · · · · · · · · ·		er, or transporter, or other suc		

Form C-104 Fevrieed 10-01-18 Formet 06-01-63

Choke Size	Cesting Pressure	Tubing Pressure	teeT to digne.
. 215.)	Producing Method (Flow, pump, gas lift)	Date of Teet	eand T and NO well fail of the
olla qos basaxe so os laupe ed same he	ter recovery of total volume of load oil a	FOR ALLOWABLE (Test must be of able for this del	OIT MEIT LEST DATA AND REQUEST
	.9648	.8/£-Z	· · · · · · · · · · · · · · · · · · ·
"H" [3 sxs C1 "H"	15719	.Z/I- <del>y</del>	<b>■8/</b> ∠−∠
lyus of 2712	1300,	<u> 8/5-8</u>	.11
lauz of paid	.005	#8/E-£I	17/1-71
SYCKS CEMENT	T3S HT430	CYZING F TUBING SIZE	azis anon
	CEMENTING RECORD	TUBING, CASING, AND	
12719	.01169988		
Debth Castng Shoe			ectorations
،9648	، 9988	Atoka-Morrow	39 , L94E
Tubing Depth	Top Oll/Gos Pay	Name of Producting Formation	Jevetions (DF, RKB, RT, CR, etc.)
9130	. 49526	58/92/2	12/3/84
.d.T.B.9	Lotal Debih	Date Compl. Ready to Prod.	
	X	Y	
Plug Back   Same Restv.   Diff. Res	New Well Workover Deepen	TO THE TO THE TO THE TOTAL	Designate Type of Completion
•	กันรุน	3-a8	V. COMPLETION DATA

L	Choke Size	Casing Pressure (Shut-12)	( al-sada ) emeset palduT	Teeting Methed (pitot, back pr.)
	AN	-Ø-	7	(515 mcfd)
L	Grevity of Condensate	Bbis, Condensate/MMCF	Length of Test	Actual Prod. Teel-MCF/D
				GV2 MEIT
_			· .	•

ZØ#1

OII-BPIE

Actual Prod. During Test

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