

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Nearburg Producing Company ✓		RECEIVED
Address P.O. Box 31405, Dallas, Texas 75231		
Reason(s) for filing (Check proper box)		Other (Please explain)
<input checked="" type="checkbox"/> New Well	Change in Transporter of:	MAY 10 '88
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	O.C.D.
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> casinghead Gas	ARTESIA, OFFICE
	<input checked="" type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lessee Name Anderson 11E	Well No. 1	Pool Name, including Formation Und. Cemetary Morrow	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>E</u> : 1980 Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>WEST</u> <u>EAST</u>				
Line of Section <u>11</u> Township <u>20S</u> Range <u>25E</u> , N.M.P.M. <u>Edad</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159 Artesia, N.M. 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Nearburg Producing Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 31405, Dallas, Tx. 75231
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <u>Yes</u> When <u>5-4-88</u> <u>Post ID-1</u>
Unit <u>E</u> Sec. <u>11</u> Twp. <u>20S</u> Rge. <u>25E</u>	<u>5-27-88</u> <u>comp 4 DR</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

T.R. McDonald  
(Signature)  
Engineering Manager  
(Title)  
5-9-88  
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 12 1988, 19\_\_\_\_\_  
BY Original Signed By  
Mike Whiting  
TITLE Oil & Gas Inspector

This form is to be filled in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter or other such change of condition.

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

#### IV. COMPLETION DATA

Designate Type of Completion - (X)										Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	DML	
											X	X						
Date Spudded 3-24-88					Date Compl. Ready to Prod. 5-6-88					Total Depth 9700'					P.B.T.D. 9608'			
Elevations (DF, RKB, RT, CR, etc.) 3387.6 Gr.					Name of Producing Formation Morrow					Top Oil/Gas Pay 9420'					Tubing Depth 9274'			
Perforations 9421 to 9425'															Depth Casing Shoe 9700'			

#### TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	371'	550sx Circ.
12 1/4	8 5/8	1366'	875sx. Circ.
7 7/8	4 1/2	9700'	2400sx.

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	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 425 MCF	Length of Test 8hrs.	Bbls. Condensate/MCF 0	Gravity of Condensate NA
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-In) 3100#	Casing Pressure (Shut-In) 0-Packer	Choke Size 12/64