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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

AUG 27 1993

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

C/SF
Op+

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Nearburg Producing Company		Well API No. 30-015-24953
Address P. O. Box 823085, Dallas, Texas 75382-3085		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input checked="" type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change of Operator Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Well Shut-In 9-1-93		
If change of operator give name and address of previous operator Enron Oil & Gas Company, P. O. Box 2267, Midland, Texas 79702		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Chama Federal Com	Well No. 1	Pool Name, Including Formation McKittrick Hills - Cisco	Kind of Lease State , Federal or XXX	Lease No. NM 53219
Location Unit Letter B : 780 Feet From The north Line and 1350 Feet From The east Line Section 11 Township 22S Range 24E , NMPM, Eddy 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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 11
	Twp. 22S	Rge. 24E
Is gas actually connected?		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
		X						
Date Spudded 8-29-84	Date Compl. Ready to Prod. 6-21-92 (Plug Back)		Total Depth 10750'		P.B.T.D. 8775'			
Elevations (DF, RKB, RT, GR, etc.) 4095' GR	Name of Producing Formation Cisco		Top Oil/Gas Pay 8104'		Tubing Depth 8063'			
Perforations 8104'-8114', 8143'-8152', 10282'-10520'					Depth Casing Shoe 10750'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12-1/2"	CASING & TUBING SIZE 8-5/8"		DEPTH SET 1410'		SACKS CEMENT 770 sx Circ			
	7-7/8"		4-1/2"		657 sx			

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.

Judy Teames
Signature
Judy Teames
Printed Name
Production Secretary
Title
8-24-93
Date
214-739-1778
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **AUG 29 1993**

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.

ORIGINAL SIGNED BY
WILLIAM J. BROWN
JANUARY 1890