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OIL CONSERVATION DIVISION

State of New Mexico

Energy, Minerals and Natural Resources Department

P.O. Box 2088

New Marine 97504 2000

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

| DISTRICT III                                                        | 10                                                         | Sai             | ına ı c,        | 146M I/                                     | TEXICO 0/3                                                                                                    | 04-2000          |                                        |                   | RECEIVE         | EU                                    |
|---------------------------------------------------------------------|------------------------------------------------------------|-----------------|-----------------|---------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------|-------------------|-----------------|---------------------------------------|
| 1000 Rio Brazos Rd., Aztec, NM 874                                  | REC                                                        | UEST FO         | OR AL           | LOWA                                        | BI F AND                                                                                                      | AUTHOR           | ZATION                                 | l <del>,</del>    | 2016            | 1000                                  |
| I.                                                                  |                                                            |                 |                 |                                             |                                                                                                               | ATURAL G         |                                        | ' 1               | DEC 1 0         | 1993                                  |
| Operator                                                            |                                                            |                 |                 |                                             |                                                                                                               |                  |                                        | API No.           |                 | D                                     |
| Nearburg Producing                                                  | Company                                                    |                 |                 |                                             |                                                                                                               |                  |                                        | 30-               | 015-265         |                                       |
| Address                                                             | D . 3.3                                                    | _               |                 |                                             |                                                                                                               |                  | <del></del>                            |                   |                 |                                       |
| P. 0. Box 823085,                                                   | vallas,                                                    | Texas 7         | 5382            | -3085                                       |                                                                                                               |                  |                                        | _                 |                 |                                       |
| Reason(s) for Filing (Check proper box                              | <b>(</b> )                                                 | <b>~</b>        | <b></b>         |                                             | Ou                                                                                                            | her (Please expl | ain)                                   |                   |                 |                                       |
| Recompletion                                                        | Oil                                                        | Change in       | Dry Gas         |                                             | CI                                                                                                            | hange of         | Gas Tr                                 | ansporte          | r effec         | tive                                  |
| Change in Operator                                                  |                                                            |                 | Condens         |                                             |                                                                                                               | ctober 1,        |                                        |                   |                 | ••••                                  |
| If change of operator give name<br>and address of previous operator |                                                            |                 |                 |                                             |                                                                                                               |                  |                                        |                   |                 |                                       |
| II. DESCRIPTION OF WEL                                              | L AND LI                                                   |                 |                 |                                             |                                                                                                               |                  |                                        |                   |                 |                                       |
| Lease Name Amethyst State Com                                       |                                                            | Well No.        | Pool Nat<br>WOO | me, Includ                                  | ing Formation Morrow                                                                                          | (Gas)            | Kind<br>State                          | of Lease          | Į I             | Le2se No.<br>B-55                     |
| Location                                                            |                                                            |                 |                 | · · · · · · · · · · · · · · · · · · ·       |                                                                                                               | ,                |                                        | _^^^^             |                 | , ,,,                                 |
| Unit LetterE                                                        | :1                                                         | ,880            | Feet From       | m The _                                     | orth Lin                                                                                                      | e and990         | ·                                      | Feet From The     | west            | Line                                  |
| Section 32 Town                                                     | ship 24                                                    | IS I            | Range           |                                             | 29E , N                                                                                                       | МРМ,             |                                        | Eddy              |                 | County                                |
| III DESIGNATION OF TO                                               | NCDODE                                                     |                 |                 |                                             |                                                                                                               |                  |                                        |                   |                 |                                       |
| III. DESIGNATION OF TRA                                             | INSPURI                                                    | or Condens      |                 |                                             |                                                                                                               |                  | <del></del>                            | <del> </del>      |                 | · · · · · · · · · · · · · · · · · · · |
| Texaco Trading and Transportation                                   |                                                            |                 |                 |                                             | Address (Give address to which approved copy of this form is to be sent) P. O. Box 3109, Midland, Texas 79702 |                  |                                        |                   |                 |                                       |
| Name of Authorized Transporter of Cas                               | inghead Gas                                                |                 | or Dry G        | as X                                        | Address (Giv                                                                                                  | e address to wh  | , MIGIE                                | ing, lexa         | is /9/02        | <u> </u>                              |
| El Paso Natural Gas                                                 | _                                                          |                 | , -             |                                             | P. 0.                                                                                                         | Box 1492         | El De                                  | a copy of this jo | TOOTO           | eni)                                  |
| If well produces oil or liquids,<br>give location of tanks.         | Unit                                                       |                 | Twp.            | Rge.                                        | ls gas actuall                                                                                                | y connected?     | When                                   | 130. TEAG         | 2 13318         | <u>)</u>                              |
|                                                                     | <u> </u>                                                   | 32              | 245             | _29E                                        | <u>Yes</u>                                                                                                    | <u> </u>         |                                        | 4/                | /1/91           |                                       |
| If this production is commingled with th IV. COMPLETION DATA        | at from any of                                             | her lease or po | ool, give       | comming                                     | ing order numi                                                                                                | ber:             | ······································ |                   |                 |                                       |
| Designate Type of Completio                                         | n - (X)                                                    | Oil Well        | Ga              | s Well                                      | New Well                                                                                                      | Workover         | Deepen                                 | Plug Back         | Same Res'v      | Diff Res'v                            |
| Date Spudded                                                        | Date Corr                                                  | pl. Ready to P  | rod.            | <del> </del>                                | Total Depth                                                                                                   | L                |                                        | P.B.T.D.          | L               | <u> </u>                              |
|                                                                     |                                                            |                 |                 | _                                           | ·                                                                                                             |                  |                                        | 1.5.1.5.          |                 |                                       |
| Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation      |                                                            |                 |                 |                                             | Top Oil/Gas Pay                                                                                               |                  |                                        | Tubing Depth      |                 |                                       |
| Perforations                                                        |                                                            |                 | <del></del>     |                                             |                                                                                                               | ·                |                                        |                   |                 |                                       |
|                                                                     |                                                            |                 |                 |                                             |                                                                                                               |                  |                                        | Depth Casing      | ; Shoe          |                                       |
|                                                                     |                                                            | rubing, c       | ASINO           | AND                                         | CEMENTIN                                                                                                      | NG RECORI        | )                                      | <u> </u>          | <del></del>     | <del></del>                           |
| HOLE SIZE CASING & TUBING SIZE                                      |                                                            |                 |                 | DEPTH SET                                   |                                                                                                               |                  | SACKS CEMENT                           |                   |                 |                                       |
|                                                                     |                                                            |                 |                 |                                             |                                                                                                               |                  |                                        | 1                 |                 |                                       |
|                                                                     |                                                            |                 |                 |                                             |                                                                                                               |                  |                                        |                   |                 |                                       |
|                                                                     |                                                            | ·               | <del></del>     |                                             | · · · · · · · · · · · · · · · · · · ·                                                                         | <del></del>      |                                        |                   |                 |                                       |
| V. TEST DATA AND REQUE                                              |                                                            |                 |                 |                                             |                                                                                                               |                  | <del></del>                            |                   |                 |                                       |
| OIL WELL (Test must be after                                        |                                                            |                 |                 | and must                                    | be equal to or i                                                                                              | exceed top allow | able for this                          | depth or be fo    | or full 24 hour | ·e )                                  |
| Date First New Oil Run To Tank                                      | recovery of total volume of load oil and must Date of Test |                 |                 | Producing Method (Flow, pump, gas lift, etc |                                                                                                               |                  | c.)                                    |                   |                 |                                       |
| Length of Test                                                      | Tubing Pre                                                 | SEUTE           | ·               |                                             | Casing Pressur                                                                                                | ne .             | <del></del>                            | Choke Size        | <del></del>     |                                       |
| Actual Prod. During Test                                            | Oil - Phie                                                 | <del></del>     |                 |                                             | Water Dila                                                                                                    |                  |                                        | 0 1/2=            | -               |                                       |

| GAS WELL                         |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D        | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |
|                                  |                           | (catality)                | 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. Signature Judy Teames Production Secretary

Printed Name Title 739-1778 December 6, 1993 Date

Telephone No.

## OIL CONSERVATION DIVISION

DEC 2 2 1993 Date Approved . SUPERVISOR. DISTRICT II By\_

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.

Title.

- 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.