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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088

AUG 2 6 1991

DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410 Santa Fe, New Mexico 87504-2088

O. C. D.

1000 Kilo Brizza Kd., Aziec, 1981 67410									IESIA, OFFIC	J.E		
Upcient /									API No. 30-015-21115			
NEARBURG PRODUCING COMPANY.							30-013-21113					
P. O. Box 823085, Da	allas,	Texas	753	82-30	85							
Reason(s) for Filing (Check proper box)				_		Oth	et (Please expl	ain)				
New Well		Change in			٦	Char	nga in Tr	anconri	er effec	tivo		
Recompletion	Oil	_	Dry G	_	ا ا				ter errec	LIVE		
Change in Operator	Casinghea	d Gas	Conde	mate _	<u>_</u> _	Sept	tember 1,	1991.				
If change of operator give name and address of previous operator		<del></del>	· · · · · · · · ·		_			<del></del>				
II. DESCRIPTION OF WELL	land:	a Farmatian	<del></del>	Vind	of Large	of Lease No.						
Lesse Name Irami Federal	Well No. Pool Name, Includi 1 Seven Riv								Federal or For			
Location			<del></del>			<del></del>	<u> </u>		<del></del>		<u> </u>	
Unit Letter N	:66	0	Feet F	from The	<u>S</u>	outh Lin	e and 1,98	<u> </u>	eet From The	West_	Lir	16
Section 34 Township	<u>, 19S</u>		Range	25E		<u>, N</u>	мрм,	Eddy			County	
III. DESIGNATION OF TRAN	SPORTE			ND NAT	ľUI	RAL GAS						
Name of Authorized Transporter of Oil XX or Condensale						Address (Give address to which approved copy of this form is to be sent)						
Texaco Trading & Transport  Name of Authorized Transporter of Casinghead Gas or Dry Gas						P. O. Box 3109, Midland, Texas 79702  Address (Give address to which approved copy of this form is to be sent)						
reins di Adminisco Fransporter di Campines Cas						, , , , , , , , , , , , , , , , , , , ,						
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rgs. N 34 198 25E				-	Is gas actuall No	•	When	7			
If this production is commingled with that i	from any oth	er lease or	pool, g	ve comm	ngli	ing order num	ber:					
IV. COMPLETION DATA												
Designate Type of Completion		Oil Well	<u>i</u> _	Gas Well		New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	′
Date Spudded	Date Comp	ol. 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						1		<del></del>	Depth Casing Shoe			
TUBING, CASING AND						CEMENTI	NG RECOR	D		<u> </u>		
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET			S	SACKS CEMENT		
					_				<del> </del>	<del></del>		
V. TEST DATA AND REQUES	TEODA	HOWA	RIF			<u></u>		<del></del>	Д.,			
					ust.	be eaual to or	exceed top allo	owable for th	is depth or be fo	or full 24 how	rs.)	
Date First New Oil Run To Tank		be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)										
····					$\dashv$	<u> </u>			Choke Size			
Length of Test	Tubing Pressure					Casing Press.	ire					
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.	-		Gas- MCF	Gas- MCF			
GAS WELL	<u> </u>					<u> </u>						
Actual Prod. Test - MCF/D	Length of Test					Bbls. Conden	sate/MMCF		Gravity of Co	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Press.	ire (Shut-in)		Choke Size	Choke Size			
VI OPERATOR CERTIFIC	ATE OF	COMP	TIAN	VCF	$\dashv$				<del></del>			
VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above						SEP - 3 1991						
is true and complete to the best of my k	nowledge an	d belief.			ŀ	Date	Approve	. •				
middled &	wale	Zins	_				• •		NED BY			
Signature Mildred Simpkins Production Analyst						By ORIGINAL SIGNED BY MIKE WILLIAMS						
Printed Name	110	<u> </u>	Title	41736		Title	SUPE	RVISOR,	DISTRICT I	17		
08/07/91	(21	4) 739. Teler	-177			I III .	· · · · ·					

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.