Submit 5 Copies
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

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION

•	TILGOL		MCD	OPT OIL	AND NAT	TURAL G	2				
•	11	O IRA	INOF	ON I OIL	או טווא.	UNAL CA	Well A	PI No.			
Decretor Nonething Producing Con	Nearburg Producing Company						30-	-015-21851			
	ilpuriy										
Address P. O. Box 823085, Dall	las Tex	kas 75	5382-	-3085		•				į	
Reason(s) for Filing (Check proper box)	145, 10,				Othe	r (Please expl	ain)				
	,	Change in	Teanso	orter of:		. (1 10-0 0.41	,			ļ	
New Well U	Oil		Dry G							i	
Recompletion 🖺		c 🗀	•	appe .							
Change in Operator	Casinghead	025	Colloc	deser .	lab:						
change of operator give name											
•	NO FEA	CE	I	4PR 2 6	1991						
I. DESCRIPTION OF WELL A	AND LEA	SE Vall Na	Dog! I	James Individ	& Enmation		Kind o	Lease	Le	ase No.	
Lease Name Foster 31 Federal	Well No. Pool Name Indigit							Federal or Fee NM 25488			
roster 31 rederar			Day	THE CONTRACTOR	pppe: rem	, 1101 01					
Location	1 (non			Wost	6	500 E		south		
Unit LetterN	.::	980	_ Feel F	rom The	west Line	and	Fe	et From The	3040	Line	
21	198			. 25E		**** *	Eddy			County	
Section 31 Township	193		Range	236	, NI	мрм,	Luuy			County	
					DAI GAS						
II. DESIGNATION OF TRANS	SPORTER	COF O	IL AF	ND NATU	RAL GAS	a address to w	hich approved	conv of this fo	orm is to be see	nt)	
Name of Authorized Transporter of Oil XX or Condensate Koch Oil Co., Division of Koch Industries, Inc.						Address (Give address to which approved copy of this form is to be sent) P. O. Box 1558, Breckenridge, Texas 76024					
(Address (Give address to which approved copy of this form is to be sent) 4400 North Big Spring, Suite 305, Midland, Texas 79705					
reagan Gathering Company			1-			Is gas actually connected? When?					
If well produces oil or liquids, give location of tanks.		Sec. 31	Twp.	Rge.	Yes			/21/91			
	N						l <u></u> -	121/31			
f this production is commingled with that f	rom any othe	r lease or	pool, g	ive comming	ling order num	DET:					
V. COMPLETION DATA		· · · · · · · · · · · · · · · · · · ·			1			Dive Deale	Sama Basin	Diff Res'v	
Designate Time of Completion	(V)	Oil Well	1 !	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	i X	
Designate Type of Completion -		L_X	<u> </u>		Total Depth	l		DDTD	l		
Date Spudded	Date Compl. Ready to Prod.				9,420'			P.B.T.D.	7,812'	1	
7/1/76	4/19/91				Top Oil/Gas Pay						
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				· •			Tubing Depth 7,513'			
3,575' KB	Cisco Canyon				7,674'			Depth Casing Shoe			
Perforations						· · · · · · · · · · · · · · · · · · ·					
7,674' - 7,802' (110) holes)			Canyoi				<u> </u>	9,420'		
	TUBING, CASING AND							T			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT 500 SX Part ID-12			
17-1/2"		13-3/8"			396			ļ		PATTO-	
12-1/4"		9-5/8"			1,317			810 sx 5-18-9/			
8-3/4"	5-1/2"				9,420'				850 sx	PXP H	
	2-7/8" 7,513' semp.								emp 4/1/4		
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLI	3						<i>,</i> , ,	
OIL WELL (Test must be after re	ecovery of tol	al volume	of load	doil and mus	t be equal to or	exceed top al	lowable for the	s depin or be	JOF JULI 24 NOW	5.)	
Date First New Oil Run To Tank	Date of Test			•	-		ownp, gas lift, e	esc.)			
4/19/91	4/	4/21/91				ng		Choka Siza			
Length of Test	Tubing Pres	Tubing Pressure				Casing Pressure			Choke Size N/A		
24 hrs.		N/A			N/A			N/A Gas- MCF			
Actual Prod. During Test	Oil - Bbls.					Water - Bbls.			1		
-	146.2				2	2,109			207		
C + C NIET I	 						_				
GAS WELL	I samb of T				Bbls. Conder	sale/MMCF		Gravity of	Condensate		
Actual Prod. Test - MCF/D	Length of Test				Bois, Condensate/Wilvier						
	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size	<u></u>			
Testing Method (pilot, back pr.)	ng Method (pitot, back pr.) Tubing Pressure (Shut-in)								:		
	<u> </u>							1			
VI. OPERATOR CERTIFIC					-11 -		NSERV.	MOITA	DIVISIO	N	
I hereby certify that the rules and regula	ations of the	Oil Coase	rvation		-		I TOLITY	111011	D. V.O.C		
Division have been complied with and that the information given above								MAY - 6 1991			
is true and complete to the best of my i	mowieage an	a bellet.			Date	Approve	ed	<u>,</u>			
11110						• •					
Machelle Syllin					∥ By_	By ORIGINAL SIGNED BY					
					-, -	MIKE WILLIAMS					
Priced Name Title					THA	SUPERVISOR DISTRICT IF					
Printed Name 4/24/91 214/739-1778					Hue	Title					
Date	 		iephone			- 10- /	Server States of March States	fin eft: 14 úniús e fallig er gan			
Jan			·								

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.