

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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PRODUCTION OFFICE	<input checked="" type="checkbox"/>

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

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

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JUL 08 '88

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Nearburg Producing Company ✓

Address
P. O. Box 31405, Dallas, Texas 75231-0405

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lessee Name Genecco Com 14D	Well No. 1	Pool Name, including Formation Und Cemetary Morrow	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter D	: 660	Feet From The North Line and 660	Feet From The West	
Line of Section 14	Township 20S	Range 25E	NMPM	Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Koch Oil Co., Div. of Koch Industries, Inc.	P. O. Box 1558, Breckinridge, TX 76024
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)
Nearburg Producing Company	P. O. Box 31405, Dallas, TX 75231-0405
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit D Sec. 30 Twp. 20S Rge. 25E	YES 7/7/88 Post FD-2

If this production is commingled with that from any other lease or pool, give commingling order number: 7-29-88

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. MacDonald
(Signature)
Engineering Manager
(Title)
July 7, 1988
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 11 1988, 19
Original Signed By
BY Mike Williams
TITLE Oil & Gas Inspector

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

If this is a request for allowable for a newly drilled or deepens well, this form must be accompanied by a tabulation of the deviated 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 multiphase completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well X	New Well X	Workover	Deepen	Plug Back	Same Res'tv.	Dill'n
Date Spudded 5/2/88	Date Compl. Ready to Prod. 6/23/88		Total Depth 9850'		P.B.T.D. 9800'				
Elevations (DF, RKB, RT, GR, etc.) 3415.9' GR	Name of Producing Formation Morrow		Top Oil/Gas Pay 9584'		Tubing Depth 9584'				
Perforations 9584' - 9588'		9682' - 9689'		Depth Casing Shoe 9850'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17-1/2"	13-3/8"		352'		550 SX				
12-1/4"	8-5/8"		1375'		650 SX				
7-7/8"	4-1/2"		9850'		320 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 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 1800	Length of Test 10 hrs.	Bbls. Condensate/MCF 0	Gravity of Condensate NA
Testing Method (pilot, back pr.) BP	Tubing Pressure (Shut-in) 3150	Casing Pressure (Shut-in) NA (Packer)	Choke Size 10/64