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

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SUPERVISON SISTAICT IT

MIKE WILL

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Form C-104 Revised 1-1-89	आ	
See Instructions at Bottom of Page	0	,

DISTRICT II		OIL (	CONS	ERV	ATION	DIVISIO	N				
P.O. Drawer DD, Artesia, NM 88210					30x 2088		00	T 199	12		
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410					fexico 87			Ö. C. D.	-		
	REQ					AUTHOR		war Dec	E		
I.	<del> </del>	TO TR	ANSPO	ORT OI	L AND N	ATURAL G					
Operator December 2							Well	API No.			
Nearburg Producing Co	mpany							30-015-2	<u>4568</u>		
P. O. Box 823085, Dal	las, T	exas 7	5382-3	3085							
Reason(s) for Filing (Check proper box) New Well		<b>~</b>			, 🛄 o	her (Please exp	lain)	· · · · · · · · · · · · · · · · · · ·	\ <u>-</u>		
Recompletion	Oil	Change I	n Transpor		CI	hange in	Transpo	rter of C	Casingh	ead Gas	
Change in Operator		ad Gas 🔀			e <sup>.</sup>	ffective	Septemb	er 1, 199	)2.		
	- Langare		Condella			<del></del>	· · · · · · · · · · · · · · · · · · ·				
If change of operator give name and address of previous operator					<del></del>					······································	
II. DESCRIPTION OF WELL	AND LE	ASE								·	
Lease Name South Boyd			Pool Na	me, Includ	ing Formation		Kind	of Lease	L	ease No.	
		1	I WT	Idcat	upper Pe	ennsylvan	ian 💶	Fee			
Location F	1	000		M	4 !						
		980	_ Feel Fro		ortn u	ne and	80 F	et From The _	West	Line	
Section 27 Townshi	p 19	S	Range	25E	1,	імрм,	Eddy			County	
III. DESIGNATION OF TRAN	SPORT	TP OF O	TI ANT	ודדענא	DAT CAS						
Name of Authorized Transporter of Oil		or Coade		INATO	Address (Gi	ve address to w	hich approved	copy of this for	em is to be is	401	
Texaco Trading and Tr						Box 3109	. Midla	nd Texas	70702	ini)	
Name of Authorized Transporter of Casing GPM Gas Corporation	ghead Gas	⇉	or Dry C	ias 🗀	Address (Gi	we address to wa	hich approved	copy of this for	m is to be se	ent) , OK 74004	
If well produces oil or liquids, give location of tanks.	Unit F	S∞. 27	Twp. 195	Rge. 25E							
If this production is commingled with that	from any od	her lease or							10/30	<del></del>	
IV. COMPLETION DATA	<del> </del>										
Designate Type of Completion	- (X)	Oil Well	ı G	s Well	New Well	Workover	Deepen	Plug Back S	same Res'v	Diff Res'v	
Date Spudded		pl. Ready to	Prod.		Total Depth		<u> </u>				
		<b>,</b> ,			Total Depart			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of P	roducing Fo	ormation		Top Oil/Gas	Pay		Tubing Depth			
Perforations	<u> </u>	· · · · · · · · · · · · · · · · · · ·									
Periorations							٠.	Depth Casing	Shoe		
		TIRNO	CASINI	C 4370	CE) CE) mm	NO DECOD		<u> </u>			
HOLE SIZE		SING & TU			CEMENTI	NG RECOR	D		000 0514	P1 14	
	<del></del>	<u> </u>	Direct Gi	<u> </u>		DEPTH SET	+ ^ <del>************************************</del>	SA	CKS CEME	<u> </u>	
							<del></del>	<del> </del>	·····		
										······································	
V TEST DATA AND REQUES	T FOR	II OW	. D. D								
V. TEST DATA AND REQUES OIL WELL Test must be after re					he sound to a					. •	
OIL WELL (Test must be after re  Date First New Oil Run To Tank	Date of Te		oj ioda ou	ana musi	Producing M	ethod (Flow, pu	mo enstit e	caepin or de jor	Juli 24 hour	3.)	
		-				va.oc (; ,o ,, p.		,			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL	<del></del>						<del></del>	ł		<del></del>	
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conder	IELE/MMCF		Gravity of Cor	densate		
		<u> </u>							-		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Press	ire (Shut-in)		Choke Size				
VI. OPERATOR CERTIFICA	ATE OF	COMP	TIANO	TF -				·	*****************		
I hereby certify that the rules and regula				ندر	(	DIL CON	SERVA	ATION D	IVISIO	N	

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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.

Signatures Judy Teames

9/24/92

Printed Name

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Date Approved

All sections of this form must be filled out for allowable on new and recompleted wells.

Production Secretary

Title

Telephone No.

- 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.