

RECEIVED BY

FEB 12 1986

O. C. D.
ARTESIA, OFFICESTATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE	<input checked="" type="checkbox"/>	
FILE	<input checked="" type="checkbox"/>	
U.S.G.A.	<input checked="" type="checkbox"/>	
LAND OFFICE		
TRANSPORTER	<input checked="" type="checkbox"/>	
OIL	<input checked="" type="checkbox"/>	
GAS	<input checked="" type="checkbox"/>	
OPERATOR		
<input checked="" type="checkbox"/>		
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 1REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Nearburg Producing Company ✓			
Address P.O. Box 31405 Dallas, Texas 75231			
Reason(s) for filing (Check proper box)		Other (Please explain)	
<input checked="" type="checkbox"/> New Well	Change in Transporter of:	CASINGHEAD GAS MUST NOT BE PLACED AFTER 4-16-86 UNLESS AN EXCEPTION TO: RULE 306 IS OBTAINED ✓ EX 2-752 until 11-1-86 EX 2-763 - 5/25/87	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil		<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas		<input type="checkbox"/> Condensate

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bogart	Well No. 1	Pool Name, Including Formation the Atoka Glorieta Yes	Kind of Lease EX 2-776 State, Federal or Fee	Lease No. Fee
Location Unit Letter <u>J</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>4</u> Township <u>19S</u> Range <u>26E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Navajo Refining Company	P.O. Drawer 159 Artesia, NM 88210	
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)	
none	Post ID-2 2-14-86 Camp & BK	
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 4
	Twp. 19S	Rge. 26E
	Is gas actually connected? N/A	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

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. Mar Donay
(Signature)
Engineering Manager
(Title)
2/11/86
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 13 1986, 19____
BY _____ Original Signed By
Les A. Clements
TITLE _____ Supervisor District II

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

If this is a request for allowable for a newly drilled or deepened
well, this form must be accompanied by a tabulation of the deviation
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allow-
able 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 multiply
completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
10/16/85	11/24/85	4000'		3943'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
3363.1' GL	Glorieta, Yeso	2,666'		2640'					
Perforations							Depth Casing Shoe		
2666-2978 & 3031-3740							3988'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	950'	450 Hall lite & 150 Class "C"
7-7/8"	5-1/2"	3988'	325 Hall lite "C"
	2 3/8"	2640'	300 "C" 50-50 poz

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top 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.)	
2/8/86	2/10/86	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	N/A		N/A
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
30.25	30.25	304.89	TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size