	RECEIVED BY					
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	O. C. D.					
STATE OF NEW MEXICO	ARTESIA, OFFICE					
ENERGY AND MINERALS DEPARTMENT	And the other states of the second states of the se				Form C-104	
DISTRIBUTION	OIL CONSERV				Revised 10-01 Format 06-01	
BANTA FE		OX 2088			Page 1	
U.8.0.8.	SANTA FE, NE	W MEXI	CO 87501			
LAND OFFICE						
GAS OPERATOR	REQUEST F		ABLE			
PROBATION OFFICE	AUTHORIZATION TO TRAN	AND		IRAL GAS		•
I. Operator						
Nearburg Producing Co	ompany					
						
P.O. Box 31405 Dalla Resson(s) for filing (Check proper box)	as, Texas 7523	<u> </u>				······
New Well	Change in Transporter of:		Other (Pleas			_
Recompletion	ou	Dry Gas		CASINGHEAD GA	AS MUST N	IOT BE
Change in Ownership	Casinghead Gas	Condensate	<u> </u>	FLARED AFTER		
If change of ownership give name				UNLESS AN EXC		:
and address of previous owner	<u> </u>	<u> </u>		RULE 306 IS OBT		 L
II. DESCRIPTION OF WELL AND I	EASE Well No. Pool Name, Including	Formation		FXHZ - 76-A .		า
Stevenson	1 dand Atoka		ta Vaca	Kind of Lease EX # Z-777	Fee	Lease No.
Location				.L		J
Unit Letter;;	1980 From The North	ine and	660	Feet From The	West	
Line of Section 4 Townsh	up 195 Range	26E	- , NMPN	, Edd	ų	County
				·	<u> </u>	
III. DESIGNATION OF TRANSPOR			(Give address	to which approved copy c	of this form is to	be sens)
Navajo Refining				<u>159</u> Artesi	•	
Name of Authorized Transporter of Casing)		Address	(Cive address	to which approved copy of	of this form is to	BR210 be sent)
	ut Sec. Twp. Rge.	1. 077.00	tually connect	ed? When	last	<u>JD-2</u>
If well produces oil or liquids, give location of tanks.	E 4 195 26E		N/A	l, i when	2-1 Come	14-76
If this production is commingled with th	ast from any other lease or pool	, give com	ningling orde	r number:	<u> </u>	
NOTE: Complete Parts IV and V or	n reverse side if necessary.					
		11				
VI. CERTIFICATE OF COMPLIANCE	Ċ.			ONSERVATION DI		
I hereby certify that the rules and regulations or been complied with and that the information gives the second s			OVED	FEB 13 198		19
my knowledge and belief.		BY		Original Signed B	y	
_		TITLE		Les A. Clements Supervisor District	• ••	
TOM O	This form is to be filed in compliance with RULE 1104.					
-/ N. Illac Schald			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			
Engineering Manager			nis form must sken on the s	t be accompanied by a well in accordance wi	tabulation of th RULE 111.	the deviation
2/11/86 (Tule)	All sections of this form must be filled out completely for allow- able on new and recompleted wells.					
(Dete)		Fil	ll out only S	ections L. II. III. and	VI for chang	es of owner,
(Dele)		II well ne	ma or unmosi	, or transporter, or othe	ir such Change	of condition.

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Separate Forms C-104 must be filed for each pool in multiply completed wells.

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IV. COMPLETION DATA

Designate Type of Completion – (X)		OII Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X				1	1
Date Spudded	Date Comp	I. Ready to	Prod.	Total Depth			P.B.T.D.		
10/4/85	11	11/21/85 3900'			38587				
Elevetions (DF, RKB, RT, GR, etc.)	Name of Pr	oducing Fo	rmation	Top Oll/Gas Pay		Tubing Depth			
3368.2' GL	Glor	ieta.	Yeso	2676		2585'			
Perforations	•						Depth Casin	ng Shoe	
2676-2896 & 3618-29	79						39	700°	
		TUBING	, CASING, AN	D CEMENTI	NG RECOR	D			
HOLE SIZE	CASI	NG & TUE	ING SIZE	DEPTH SET		SACKS CEMENT			
12-1/4"		8-5/8	3"	955'		350 Hall lite			
7-7/8"		5-1/2	2.11	3	700'		250 Ha	all lite	- &
	Ì			1			1 300 50	<u>1-50 poz</u>	

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 allou-OIL WELL able 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	Pumpina		
Longth of Test	Tubing Pressure	Casing Pressure	Choke Size	
24 hrs.	N/A		N/A	
Actual Prod. During Test	Oll-Bbls.	Water-Bbls.	Gas-MCF	
45.44	45.44	163	TSTM	

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-is)	Casing Pressure (Shut-18)	Choke Size

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