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

RECEIVED

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

OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Antesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

FEB 22 '89

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	DEOLIES		ALL ()\A/AE			ZATION	O. C. D.			
TØ TRANSPORT OIL AND NATURAL GAS ARTESIA, OFFICE										
Operator Nearburg Producing Company							Well API No. 30-015-26037			
Address	·									
P. O. Box 31405, Dall Reason(s) for Filing (Check proper box)	<u>as, Texas</u>	75231	-0405	- Oth	er (Please expla	.:_1		· · · · · · · · · · · · · · · · · · ·		
New Well	Cha	nge in Tran	sporter of:		ici (i iease expia	un)				
Recompletion	Oil	Dry								
Change in Operator	Casinghead Gas	s Con	densate 🗌							
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WELL	AND LEASE									
Lease Name			Name, Includi	_		1	f Lease Fee	L	ease No.	
Anderson 10J		2 Ur	ides i gna i	ted Ceme	tary Mori	OW State,	Federal or Fee			
Unit Letter J	: 1980	Feet	From The	East Lin	e and 1980) Fe	et From TheS	outh	Line	
Section 10 Township	208	Ran	ge 25E	NT.	мрм,		Edo			
			·		MIFINI,	-, ·,	Lui	<u> </u>	County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to							ia ta ba sa			
Koch Oil Co., Div. of	1 !			1						
Name of Authorized Transporter of Casing			ry Gas X	P. O. Box 1558, Brecket Address (Give address to which approved						
Nearburg Producing Co			., 000 🔼	1			s. Texas		•	
If well produces oil or liquids,	Unit Sec.	Twp	. Rge.	Is gas actuall		When		<u> </u>	0103	
give location of tanks.	i J i 1		_	Yes		1 2/	21/89			
If this production is commingled with that f IV. COMPLETION DATA	rom any other lea	ise or pool,	give commingli	ing order num	ber:					
Decignate Type of Completion	Oil	Well	Gas Well	New Well	Workover	Deepen	Plug Back Sai	ne Res'v	Diff Res'v	
Designate Type of Completion -			X	I X	L	Ĺ			1	
Date Spudded 1/3/89	2 / 1 7 / 90	-	•	Total Depth 9708	. 1		P.B.T.D. 9633'			
Elevations (DF, RKB, RT, GR, etc.)	2/17/89 Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
3416.0' GR	Morrow			9440'			9301'			
Perforations							Depth Casing Shoe			
9440'- 48'							9708			
	TUBING, CASING AND			7						
HOLE SIZE		& TUBING	G SIZE	DEPTH SET			SACKS CEMENT			
17-1/2" & 12-1/4"	8-5/8"	1./01		1360'			950 sx (Circ.)			
7-7/8"	5" & 5-	1/2"		9708'			200 sx Post ID-2			
N/A	2-3/8"			9301'			3-10-89 comp + BK			
V. TEST DATA AND REQUES	T FOR ALL	OWABL	E	<u> </u>			L	ton	y 4 BK	
OIL WELL (Test must be after re		lume of loa	d oil and must					ull 24 how	·s.)	
Date First New Oil Run To Tank	Date of Test			Producing Method (Flow, pump, gas lift, et			<i>c.</i> ,			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF			
	<u> </u>									
GAS WELL										
Actual Prod. Test - MCF/D				Bbls. Condensate/MMCF			Gravity of Cond	ensale		
333	4 hrs.			Casing Pressure (Shut-in)			N/A Choke Size			
Testing Method (pitot, back pr.) Back Pr.	Tubing Pressure (Shut-in) 3050#			N/A			17/64"			
							2.701			
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				MAD 77 1000						
IDM(I)				Date Approved FIAR (1909						
Signature					By Original Signed By					
T. R. MacDonald, Engineering Manager				Mike Williams						
Printed Name Title 2/21/89 214/739-1778				Title						

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

Date

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

Telephone No.

- 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.

Hobbs P.O. Box 1980 Hobbs, NM 88240

Artesia P.O. Drawer DD Artesia, NM 88210

Aztec 1000 Rio Brazos Aztec, NM 87410

NOTICE OF GAS WELL - CON	NECTION / RECONNECTION / DISCONNECTION					
This is to notify the Oil Con	servation Division of the following:					
Connection X Firs	t Delivery 2/21/89 RECEIVED Date Initial Potential					
Reconnection Firs	t Delivery					
Disconnection	O. C. D. ARTESIA, OFFICE					
for delivery of gas from the	Nearburg Producing Company / Operator					
	Anderson 10J					
	Lease					
	2 J 10-20S-25E					
Meter Code Site Code	Well No. Unit Letter S-T-R					
•	Undesignated Cemetary Morrow					
· ·	Pool					
was made on date						
AOF						
	Nearburg Producing Company					
Choke	Transporter					
· · · · · · · · · · · · · · · · · · ·	_					
OCD use only	T. R. MacDonald, Engineering Manager					
County Charles	Representative Name/Title (Please type or print)					
1	(Tiodo of prino)					
Land Type	(Plle) onul					
Liq. Transporter <u>KOC</u>	Representative Signature					

Submit in duplicate to the appropriate district office.