Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

OIL CONSERVATION DIVISION

JUL 10 '89

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III				
1000 Rio Brazos	Rd.,	Aztec,	NM	87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

RECUEST FOR ALLOWABLE AND AUTHORIZATION ARTESIA, OF TO TRANSPORT OIL AND NATURAL GAS

NEARBURG PRODUCING COMPANY   30-015-26124	Operator		· · · · · · · · ·	101 0111 0			Well	API No.			
P.D. BOX 31405 DALLAS, TEXAS 75231  Reacció for filtig (Charle proper hos)  Now Well Disage of Operator   Categories of Charge in Tresporter of Charge in Operator   Casinghead Gas   Charge in Operator   Casinghead Gas   Charge in Operator   Casinghead Gas   Condenses   CASINGHEAD GAS MUST NOT BE							30	30-015-26124			
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Lease Name   MORRIS   ARCO 26F   Well Name   Morris   M	and address of previous operator								1	······································	
MORRIS ARCO 26F   1   Statest   Seven Rivers - Yeso   Sale, Federal Offset		AND LEA		<del> </del>					<del></del>		
Location										ease No.	
Section   26   Township   19S   Range   25E   NMPM,   EDDY   County	ļ										
Section   26   Township   19S   Range   25E   NMPM,   EDDY   County	Unit Letter F	: 2,14	45	Feet From The	NORTH L	ine and 1	,815 <sub>Fe</sub>	et From The	WEST	Line	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil OF COORDERNAME  KOCH OIL COMPANY, DIV. OF KOCH INDUSTRES, IND.  Address (Give address to which approved copy of this form is to be seen)  KOCH OIL COMPANY, DIV. OF KOCH INDUSTRES, IND.  P.O. BOX 1558, Breckentridge, Texas 76024  Name of Authorized Transporter of Castinghead Gas  or Dy Gas.  Address (Give address to which approved copy of this form is to be seen)  If well produces oil or liquids,  Unit   Sec.   Twp.   Reg.    If well produces oil or liquids,  Unit   Sec.   Twp.   Reg.    If well produces oil or liquids,  Unit   Sec.   Twp.   Reg.    If well produces oil or liquids,  Unit   Sec.   Twp.   Reg.    If well produces oil or liquids,  Unit   Sec.   Twp.   Reg.    If well produces oil or liquids,  Unit   Sec.   Twp.   Reg.    If well produces oil or liquids,  Unit   Sec.   Twp.   Reg.    If well produces oil or liquids,  Unit   Sec.   Twp.   Reg.    If well produces oil or liquids,  Unit   Sec.   Twp.   Reg.    If well produces oil or liquids,  Unit   Sec.   Twp.   Reg.    If well produces oil or liquids,  Unit   Sec.   Twp.   Reg.    If well produces oil or liquids,  Unit   Sec.   Twp.   Reg.    If well produces oil or liquids,  Unit   Sec.   Twp.   Reg.    If well produces oil or liquids,  Unit   Sec.   Twp.   Reg.    If well produces oil or liquids,  Unit   Sec.   Twp.   Reg.    If well produces oil or liquids,  Unit   Sec.   Twp.   Reg.    If well produces of two well work well well well well well well well wel	0.6	100	-	25.0							
Name of Authorized Transporter of Oil  KOCH OIL COMPANY, Div. Of KOCH INDUSTRIES, INC. P. 0. BOX 1558, Breckenidge, Texas 76024  Name of Authorized Transporter of Casinghead Gas or Dry Gas [ ] Address (Give address to which approved copy of this form is to be sent)  If well produces oil or liquids, provided of an inc. Or Dry Gas [ ] Address (Give address to which approved copy of this form is to be sent)  If well produces oil or liquids, provided of an inc. Or Dry Gas [ ] Address (Give address to which approved copy of this form is to be sent)  If well produces oil or liquids, provided of an inc. Or Dry Gas [ ] Address (Give address to which approved copy of this form is to be sent)  If well produces oil or liquids, provided of an inc. Or Dry Gas [ ] Address (Give address to which approved copy of this form is to be sent)  If well produces oil or liquids, provided of a committee of this producion of an inc. Or Dry Gas [ ] Address (Give address to which approved copy of this form is to be sent)  If well produces oil or liquids, provided of a committee of this producion of an inc. Or Dry Gas [ ] Address (Give address to which approved copy of this form is to be sent)  If well produces oil or liquids, provided on a committee of this producion of an inc. Or Dry Gas [ ] Address (Give address to which approved copy of this form is to be sent)  If well produces oil or liquids, provided on a committee of a committee	Section 20 Township	p 193	)	Range 231		NMPM,		וטי		County	
KOCH OIL COMPANY, Div. of KOCH INDUSTRIES, INC. P.O. BOX 1558, Breckenridge, Texas 76024	III. DESIGNATION OF TRAN	SPORTE	R OF OIL	L AND NAT	URAL GA	S					
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If well produces oil or liquids, give locations of tanks.  If this production is commission of tanks.  If this production is commission of tanks.  If this production is commission with that from any other lease or pool, give commissions of tanks.  Designate Type of Completion - (X)  Designate Type of Completion - (X)  Date Spanded  Date Compl. Ready to Prod.  5-30-89  Date Compl. Ready to Prod.  5-30-89  Date Compl. Ready to Prod.  5-30-89  Date Completion - (X)  X  Date Spanded  5-30-89  Date Compl. Ready to Prod.  5-19-89  3,000  TOBIOGS Pay  2,364  Depth Casing Shoe  3,000  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  3,000  TOBIOGS Pay  2,364  Depth Casing Shoe  3,000  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  3,000  TOBIOGS Pay  2,364  Depth Casing Shoe  3,000  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  3,000  TOBIOGS Pay  3,000  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  3,000  TOBIOGS Pay  3,000  TUBING, CASING AND CEMENTING RECORD  AND CEMENTING RECORD  TOBIOG Pay  TOBIOGS Pay  3,000  TUBING, CASING AND CEMENTING RECORD  AND CEMENTING RECORD  TOBIOG Pay  3,000  TUBING, CASING AND CEMENTING RECORD  AND CEMENTING RECORD  TOBIOG Pay  3,000  TUBING, CASING AND CEMENTING RECORD  TOBIOG Pay  TOBIOG Pay  TOBIOG Pay  TOBIOG Pay  TOBIOGS Pay  Tobing Depth  3,000  Tobiogs Pay  Tobing Depth  4,000  Tobiogs Pay  Tobing Depth  5,000  Tobiogs Pay  Tobing Depth  5,000  Tobiogs Pay  Tobing Depth  5,000											
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If this production is commingled with that from any other lease or pool, give commingling order number:  IV. COMPLETION DATA  Designate Type of Completion - (X)	If well produces oil or liquids,		S∞.	Twp. Rg	e. Is gas actu	ally connected?	When	?			
Designate Type of Completion - (X)  Due Syndeded  Social Synder Syn	(	<b>↓</b>				-				<del> </del>	
Designate Type of Completion - (X)    Oil Well   Gas Well   New Well   Workover   Deepen   Plug Back   Same Res v   Diff Res v	•	rom any othe	er lease or po	ool, give commin	igling order nu	mber:			<del></del>	<u> </u>	
Designate Type of Completion - (X) X X X X X X X X X X X X X X X X X X			Oil Well	Gas Well	New We	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation 3435.6 ' GR Glorieta-Yeso 2,412'  Perforations  2412' to 2833' 64 holes  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  12-1/4" 8-5/8" 1,100' 975 sx circulated  7-7/8" 5-1/2" 3,000' 500 sx circulated  7-7/8" 5-1/2" 3,000' 500 sx circulated  W. TEST DATA AND REQUEST FOR ALLOWABLE  DIL WELL (Test must be after recovery of total volume of toad 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 Tank Date of Test Date of Test Date of Test N/A			1			_1	İ	İ	İ	i	
Elevations (DF, RXB, RT, GR, etc.) 3435.6 GR  Rolorieta-Yeso 2,412' Tubing Depth 2,364' Perforations 2412' to 2833' 64 holes  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE CASING A TUBING SIZE DEPTH SET SACKS CEMENT 12-1/4" 8-5/8" 1,100' 975 sx circulated 7-7/8" 5-1/2" 3,000' S00 sx circulated  V. TEST DATA AND REQUEST FOR ALLOWABLE DIL WELL (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 hows.)  Date First New Oil Run To Tank 6-20-89 6-21-89 Length of Test N/A Actual Prod. During Test 53,93  GAS WELL Actual Prod. Test - MCF/D Length of Test Festing Method (pion, back pr.)  Tubing Pressure Shuthing Tubing Pressure (Shut-in)  V. TEST DATA AND REQUEST FOR ALLOWABLE DIL WELL (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 hows.)  Producing Method (Flow, pump, gas lift, etc.) Producing Method (Flow, pump, gas lift, etc.) Producing Method (Flow, pump, gas lift, etc.) N/A N/A N/A N/A N/A N/A N/A N/A Suppraise Casing Pressure Choke Size 7-14-89 N/A Actual Prod. Test - MCF/D Length of Test Bibls. Condensate/MMCF Gravity of Condensate Conceptual to the best of my knowledge and belief.  OIL CONSERVATION DIVISION Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.  OIL CONSERVATION DIVISION Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.  OIL CONSERVATION DIVISION Date Approved JUL 1 4 1989  By ORIGINAL SICNED BY MIKE WILLIAMS Title SUPERVISOR DISTRICT 19	•	Date Compl	-		,				0.0561		
Proformions  2412' to 2833' 64 holes  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  12-1/4"  8-5/8"  1,100'  975 sx circulated  7-7/8"  5-1/2"  3,000'  V. TEST DATA AND REQUEST FOR ALLOWABLE DIL WELL  (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 Tank  6-20-89  6-21-89  Producing Method (Flow, pump, gas lift, etc.)  PUMP I'MS  Sacrification  N/A  N/A  N/A  Chick Size  7-14-89  N/A  Actual Prod. During Test  Oil - Bbis.  Gas- MCF  Sacrification  N/A  N/A  N/A  Water - Bbis.  Gas- MCF  Gravity of Condensate  VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.  Date Operations  Tale  OR SUPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.  Date Approved  Date Approved  Date SUPERVISOR DISTRICT IS  OIL CONSERVATION DIVISION  Date Approved  By  ORIGINAL SIGNED BY  MIKE WILLIAMS  Title  SUPERVISOR DISTRICT IS  Title  SUPERVISOR DISTRICT IS  Title  SUPERVISOR DISTRICT IS		Nome of De					······································	2,956			
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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 top allowable for this depth or be for full 24 hours.)  Date First New Oil Run To Tank  6-20-89  Case Test  Producing Method (Flow, pump, gas lift, etc.)  PUMP ING  Casing Pressure  Choke Size  7-14-89  N/A  N/A  Actual Prod. During Test  53.93  GAS WELL  Actual Prod. Test - MCF/D  Length of Test  Description of Test  Setting Method (puot, back pr.)  Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  OIL CONSERVATION DIVISION  Date Approved  JUL 1 4 1989  By ORIGINAL SIGNED BY  MIKE WILLIAMS  Title SUPERVISOR DISTRICT 19  Title SUPERVISOR DISTRICT 19	/ //8		J 1/2			3,000		30	0 37 61	i caratea	
DIL WELL  (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 Tank  6-20-89  6-21-89  Producing Method (Flow, pump, gas lift, etc.)  PUMP ING  PUMP ING  N/A  N/A  Actual Prod. During Test  53.93  Oil - Bbls.  Gas- MCF  53.93  GAS WELL  Actual Prod. Test - MCF/D  Length of Test  VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.  Date Approved  Wile Supervisor, District 19  ORIGINAL SIGNED BY  MIKE WILLIAMS  Title  SUPERVISOR, DISTRICT 19  Title  SUPERVISOR, DISTRICT 19  Title  SUPERVISOR, DISTRICT 19						2367					
Date First New Oil Run To Tank 6-20-89 Chength of Test 6-21-89 Choke Size Choke Size 7-14-89 Pump ING											
Casing Pressure   Casing Pre	· · · · · · · · · · · · · · · · · · ·	· · · · ·		load oil and mu					or full 24 how	rs.)	
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53.93  53.93  53.93  194  24  GAS WELL  Actual Prod. Test - MCF/D  Length of Test  Tubing Pressure (Shut-in)  VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.  WI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.  By  ORIGINAL SIGNED BY  MIKE WILLIAMS Title SUPERVISOR, DISTRICT IF							L	in	np + BK		
GAS WELL  Actual Prod. Test - MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate  Casing Pressure (Shut-in)  Choke Size  VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.  Signature Eddie J. Gelwick  Operations Coor. Printed Name 7-7-89  214/739-1778  Bbls. Condensate/MMCF  Gravity of Condensate   Gravity of Condensate   Bull:  Casing Pressure (Shut-in)  OIL CONSERVATION DIVISION  Date Approved  JUL 1 4 1989  By  ORIGINAL SIGNED BY  MIKE WILLIAMS  Title  SUPERVISOR, DISTRICT IF	<del>-</del>				Water - Bb						
Actual Prod. Test - MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.  Signature  Eddie J. Gelwick Operations Coor.  Printed Name 7-7-89  214/739-1778  Bbls. Condensate/MMCF  Gravity of Condensate  Bbls. Condensate/MMCF  Gravity of Condensate  Bbls. Condensate/MMCF  Gravity of Condensate  Bbls. Condensate/MMCF  Gravity of Condensate  Bould Shut-in)  OIL CONSERVATION DIVISION  Date Approved  By  ORIGINAL SIGNED BY  MIKE WILLIAMS  Title  SUPERVISOR, DISTRICT IF	53.93		53.93			194		24			
Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.  Casing Pressure (Shut-in)  OIL CONSERVATION DIVISION  Date Approved  JUL 1 4 1989  By ORIGINAL SIGNED BY MIKE WILLIAMS Title SUPERVISOR DISTRICT IF								10		<del></del>	
VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.    Coldinate	Actual Prod. Test - MCF/D	Length of 1	ength of Test		Bois. Cond	ensate/MMCF		Gravity of Condensate			
VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.    OIL CONSERVATION DIVISION	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pre-	Casing Pressure (Shut-in)			Choke Size			
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.  Date Approved  By ORIGINAL SIGNED BY  MIKE WILLIAMS  Title  7-7-89  214/739-1778  OIL CONSERVATION DIVISION  Date Approved  Title  SUPERVISOR DISTRICT IS											
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Date Approved    Date Approved   JUL 1 4 1989	VI. OPERATOR CERTIFICA	ATE OF	COMPL	JANCE		011 001	1000	A T''   O N		\ \ \ \	
Date Approved    Date Approved   JUL 1 4 1989	I hereby certify that the rules and regulations of the Oil Conservation				OIL CON	12FH A		DIVISIO	)N		
Signature Eddie J. Gelwick Operations Coor. Printed Name 7-7-89  Date Approved  By ORIGINAL SIGNED BY MIKE WILLIAMS Title SUPERVISOR DISTRICT IF							.1111 1	4 1989			
Eddie J. Gelwick Operations Coor.  Printed Name 7-7-89  214/739-1778  MIKE WILLIAMS Title SUPERVISOR DISTRICT 19	is the and complete to the cost of the showledge and better.			Dat	e Approve	a	70L +				
Eddie J. Gelwick Operations Coor.  Printed Name 7-7-89  214/739-1778  MIKE WILLIAMS Title SUPERVISOR DISTRICT 19	Eddie Lalina	H_			_				_		
Printed Name 7-7-89  214/739-1778  Title SUPERVISOR, DISTRICT IP	Signature			∥ By.			U. U	3 <b>Y</b>			
7-7-89 214/739-1778   Title Supervisor, DISTRICT W							-	Now if			
Date Telephone No.		214/			1111	₹ <u>Ş</u>	UKEKVIŠI	JK, DISTE	<u> </u>		
	Date		Telept	none No.							

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

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