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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

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Nearburg Producing Company ✓		Well API No. 30-015-26425
Address P. O. Box 823085, Dallas, Texas 75382-3085		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Dagger Draw 31 Federal	Well No. 1	Pool Name, Including Formation Dagger Draw, N.-Upper Pennsylvanian	Kind of Lease State, Federal or Fee	Lease No. NMNM84701
Location Unit Letter <u>D</u> : <u>660</u> Feet From The <u>north</u> Line and <u>660</u> Feet From The <u>west</u> Line Section <u>31</u> Township <u>19S</u> Range <u>25E</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"/> Koch Oil Company, Division of Koch Industries, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1558, Breckenridge, Texas 76024					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Feagan Gathering Company	Address (Give address to which approved copy of this form is to be sent) 4400 North Big Springs, Suite 305, Midland, Texas 79705					
If well produces oil or liquids, give location of tanks.	Unit <u>D</u>	Sec. <u>31</u>	Twp. <u>19S</u>	Rge. <u>25E</u>	Is gas actually connected? <u>No</u>	When ?

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)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <u>7/24/90</u>	Date Compl. Ready to Prod. <u>8/26/90</u>		Total Depth <u>8029'</u>		P.B.T.D. <u>7956'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3557.4' GR</u>	Name of Producing Formation <u>Upper Pennsylvanian</u>		Top Oil/Gas Pay <u>7678'</u>		Tubing Depth <u>7493'</u>			
Perforations <u>7704'-09', 7678'-83' (178 holes, 2 SPF)</u> <u>7840'-58', 7830'-34', 7823'-25', 7810'-20', 7785'-7804', 7754'-60', 7722'-42',</u>					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12-1/4"</u>	<u>9-5/8"</u>		<u>1,309'</u>		<u>1400 SX Post TD-2</u>			
<u>8-3/4"</u>	<u>7"</u>		<u>8,029'</u>		<u>1950 SX 2-1-91</u>			
	<u>2-7/8"</u>		<u>7,493'</u>		<u>camp & BR</u>			

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 <u>8/26/90</u>	Date of Test <u>9/5/90</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flowing</u>	
Length of Test <u>24 hours</u>	Tubing Pressure <u>360#</u>	Casing Pressure <u>N/A</u>	Choke Size <u>15/64"</u>
Actual Prod. During Test	Oil - Bbls. <u>68.0</u>	Water - Bbls. <u>147</u>	Gas - MCF <u>199</u>

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

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.

Machelle Byrum
Signature
Machelle Byrum
Printed Name
9/11/90
Date
Production Secretary
214/739-1778
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 28 1991

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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.