Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88249

State of New Mexico Energy, Minerals and Natural Resources Department Form C-104
Revised 1-1-89
See Instructions (

DISTRICT II P.O. Drawer DD, Anesia, NM PRANO 1 DISTRICT III	0 1991		P.O). B	ATION I ox 2088 exico 8750	OIVISIC 04-2088	N		at bou	tom of Page	
1000 Dio Desce Dd. Artes NDJ 900100	ONEFO	EST FO	R ALLOW	VAE OIL	BLE AND A	AUTHORI TURAL G	ZATION AS				
Nearburg Producing Company							Well	API No. 10-015-26431			
Address P.O. Box 823085, Dal		xas. 75	382-308	5				0 010 10	7102		
Reason(s) for Filing (Check proper box)	143, 16	743, 75	7002 000		Oth	er (Please expl	zin)		 		
New Well Recompletion	Oil		ransporter of: Ory Gas	\Box							
Change in Operator	Casinghead	Gus 📗 C	Condensate [<u> </u>				
and address of previous operator									· · · · · ·	 	
II. DESCRIPTION OF WELL. Lease Name			ool Name, Inc	cludi	ne Formation		Kind	of Lease	ī	Lease No.	
I .	Dagger Draw 31 Federal 2 Dagger Draw Up					Upper Pennsylvanian, N.			rederator Fee NMNM 84701		
Unit LetterB	:66	0 ' F	eet From The		North Line	and 1,93	0 ' Fe	et From The	East	Line	
Section 31 Township	, 19	S R	tange 2	5E	, N	мрм,		Eddy		County	
III. DESIGNATION OF TRAN				TU					·		
Name of Authorized Transporter of Oil Koch Oil Company, Division	1 1	or Condensa	1 1			e address to wh				eni)	
Name of Authorized Transporter of Casinghead Gas					P.O. Box 1558, Breckenridge, Texas 76024 Address (Give address to which approved copy of this form is to be sent) 4400 North Big Springs, Suite 306, Midland, Texas 7976						
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected?							When?			
If this production is commingled with that f	rom any other		01. give comm		Yes	<u> </u>		5/3/91			
IV. COMPLETION DATA											
Designate Type of Completion		Oil Well	Gas Wel	1	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded 3/15/91	Date Compl. Ready to Prod. 4/30/91				Total Depth 8,050'			P.B.T.D. 8,005'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
3,536.1 GR	Cisco Canyon				7,795'			7,863 Depth Casing Shoe			
7,795' to 7,816'						·	· · · · · · · · · · · · · · · · · · ·	8,050'			
LIOI E OIZE	TUBING, CASING AND								OAOVO OEMENT		
HOLE SIZE 9-5/8"	CASING & TUBING SIZE				DEPTH SET			1,800	ACKS CEM	ENI	
7"	8-3/4"				8,050'			1,450		7-5-91	
N/A	2-7/8"				7,863'			None	1 Am	n x B D	
V. TEST DATA AND REQUES	T FOR A	LLOWAR	BLE						/		
OIL WELL (Test must be after re				nusi i	be equal to or	exceed top allo	wable for this	s depih or be f	or full 24 hou	urs.)	
Date First New Oil Run To Tank	Date of Test					thod (Flow, pu					
4/19/91	5/4/91				Pumping - 5-1/2" Subme						
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
24 hours Actual Prod. During Test	50#				Water - Bbls.			Gas- MCF			
Actual Front During Test	Oil - Bbls. 155.2				1,900			220			
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, 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.					OIL CONSERVATION DIVISION Date Approved JUN 2 8 1991						
Link S	. 77.00										

Signature Linda Senter Drilling & Production Secretar Printed Name 5/7/91

214/739-1778

Telephone No. Date

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.

Ву.

Title

ORIGINAL SIGNED BY

SUPERVISOR, DISTRICT IT

MIKE WILLIAMS

- 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.