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Appropriate District Office
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DISTRICT II
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DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

RECEIVED

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

OCT 31 '90

O. C. D.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Nearburg Producing Company ✓	Well API No. 30-015-26440
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 checked="" 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 Foster 31 Federal	Well No. 2	Pool Name, including Formation Dagger Draw, North-Upper Penn.	Kind of Lease State, Federal or Fee	Lease No. NM 25488
Location Unit Letter <u>L</u> : <u>1,980</u> Feet From The <u>south</u> Line and <u>710'</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 Spring, Suite 305, Midland, Texas 79705	
If well produces oil or liquids, give location of tanks.	Unit <u>L</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 8/28/90	Date Compl. Ready to Prod. 10/20/90	Total Depth 8,110'	P.B.T.D. 7,900'					
Elevations (DF, RKB, RT, GR, etc.) 3572.0' GR	Name of Producing Formation Cisco Canyon	Top Oil/Gas Pay 7,681'	Tubing Depth 7,750'					
Perforations 7681'-7874' (114 holes, 2 spf)	Depth Casing Shoe N/A							

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14-3/4"	9-5/8"	1,345'	1,400 sx
8-3/4"	7"	8,110'	1,675 sx
	2-7/8"	7,582'	Post ID-2 2-1-91

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 10/20/90	Date of Test 10/23/90	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 30#	Casing Pressure N/A	Choke Size 48/64"
Actual Prod. During Test	Oil - Bbls. 96	Water - Bbls. 363	Gas- MCF 115

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/Production Secretary
Printed Name
10/29/90
Date
214/739-1778
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 2 6 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.