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

State of New Mexico Energy, Minerals and Natural Resources Department

Revised 1-1-89 See Instructions at Bottom of Page

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

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

JUN 2 5 1991

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

1000 Rio Brazos Rd., Aztec,	NM 87410	REOL	IEST FO	OR ALL	OWAR	I F AND	AUTHORI	ZATION	(0. C. D	•		
ĭ.							TURAL G		ART	ESIA, OF	FICE		
Operator Nearburg Producing Company									Well API No. 30-015-26740				
Address	<u> </u>					·							
P. O. Box 82308		as, Te	xas 75	382-30	185		er (Please expl	-i-)					
Reason(s) for Filing (Check) New Well	proper box)		Change in	Transporte	er of:		iet (Flease expl	ČASINO	SHEAD GAS	5 MUST	NOT BE		
Recompletion		Oil		Dry Gas				ELVDED	AFTER	8/28/	191		
Change in Operator		Casinghea	_	Condensa	te 🗌			LINIESS	-	TION F			
If change of operator give nar	ne							0	M IS OB				
and address of previous opera II. DESCRIPTION O		AND LE	ASE					- 1 4 4 50 10 1					
Lease Name Dagger Draw 31				Pool Nam Dagge	e, Includir er Draw	ng Formation Upper Per	nn, North		of Lease Federal o r Foo		23se No. M84701		
Location			<u></u>	33			····						
Unit Letter	E	.:2,	086	Feet From	n The	orth Lin	e and	56 F	Feet From The	west	Line		
Section 3:	1 Township	19	S	Range	25	E , N	мрм,			Eddy	County		
III. DESIGNATION	OF TRANS	SPORTE	R OF O	L AND	NATUI	RAL GAS							
Name of Authorized Transporter of Oil X or Condensate						Address (Give address to which approved copy of this form is to be sent)					nt)		
Koch Oil Company,									ge, Texas 76				
Name of Authorized Transporter of Casinghead Gas X or Dr					25	Address (Gi	ve address to w orth Bia Sov	<i>hich approve</i> cincu. Sui	d copy of this form is to be sent) te 305, Midland, Texas 79705				
Feagan Gathering C If well produces oil or liquid give location of tanks.	Unit F	Sec. 31	Twp. 19S	Rge. 25E	Is gas actually connected?			n ?		<u>us 73700</u>			
If this production is comming	led with that f	└					ber:	L			~		
IV. COMPLETION I				, , , , , , , ,									
Designate Type of C	ompletion -	· (X)	Oil Well	Ga	s Well	New Well	Workover	Deepen	Plug Back Sa	ime Res'v	Diff Res'v		
Date Spudded 5/9/91	Date Compl. Ready to Prod. 6/19/91				Total Depth 8,050'			P.B.T.D. 8,015					
Elevations (DF, RKB, RT, GA 3,563.4 GR	Name of Producing Formation Cisco/Canyon				Top Oil/Gas Pay 7,708'			Tubing Depth 7.653	Tubing Depth 7,653				
Perforations						(106 hole			Depth Casing Shoe				
7,710'-12', 7,	726'-34'							2 JSPF)	8,050	<u>' </u>			
						CEMENTI	NG RECOR			01/0 051/1	FAIT		
HOLE SIZE	9-5/	SING & TU	BING SIZ	ZE	DEPTH SET 1,195'			SACKS CEMENT 1825 Per In- 2					
14-1/2"		7"	<u> </u>			8,05			1500	101 J	-91		
8-3/4" 6-1/8"	-3/4 -1/8"			2-7/8"				7,653			some 4 BK		
0 1/0	2-776												
V. TEST DATA AND OIL WELL (Test 17					and must	be equal to o	r exceed top all	owable for th	is depth or be for	full 24 how	rs.)		
Date First New Oil Run To		Date of Te					lethod (Flow, po						
6/19/91		6/21	/91			flow							
Length of Test		Tubing Pressure				Casing Pressure			Choke Size				
24 hrs.	275#					-0- Water - Bbls.			32/64"	Gas- MCF			
Actual Prod. During Test 188 bbls.		Oil - Bbls. 149				39	.		209				
L	<u> </u>	143							1				
GAS WELL Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Con	Gravity of Condensate				
Testing Method (pitot, back p	Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size	Choke Size			
		<u> </u>				\							
VI. OPERATOR C	ERTIFICA	ATE OF	COMP	LIAN	Œ			JOEDV	ATION D	ווופור	NN!		
I hereby certify that the n								NOLI IV	ATION	1 4 1010	/1 N		
Division have been complied with and that is true and complete to the best, of my know							Data Assessed			JUN 2 8 1991			
Marilla de		bi	101			Date	e Approve						
Signature						By ORIGINAL SIGNED BY							
Signature Mildred Simpkins, Production Analyst						MIKE WILLIAMS SUPERVISOR, DISTRICT IT							

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

Printed Name 6/21/91

Date

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

Title_

2) All sections of this form must be filled out for allowable on new and recompleted wells.

214/739-1778

Telephone No.

- 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.