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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

RÉCEIVED

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

OIL CONSERVATION DIVISION JAN 2 + 1992

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

O. C. D.

DISTRICT III		San	ita re, New M	lexico 8/5	04-2088	ARTE	SA OFFICE		
1000 Rio Brazos Rd., Aziec, NM 87410	REQL	JEST FC	R ALLOWA	BLE AND	AUTHOR	IZATION			
I.			NSPORT OF						
Operator				API No.	***				
Nearburg Producing Co			30	30-015-26818					
Address P. O. Box 823085, Dal	llac Te	vac 751	202-2005						
Reason(s) for Filing (Check proper box)	1105, 16	vas /22	002-3005		han (Diamana)	T. C. S.	 		
New Well		Change in T	Fransporter of:		her (Please exp	iain)			
Recompletion	Oil		Dry Gas						
Change in Operator	Casinghea		Condensate						
If change of operator give name				·					
and address of previous operator		·							
II. DESCRIPTION OF WELL	AND LEA		Noth	·				·····	
Lease Name Covert Com		Well No. Policial Policiang Formation 2 Dagger Draw Upper Pennsylva					of Lease	Lease No.	
Location		2	bagger braw	opper rem	isy i vaimaii,	ANNA	(X)(X)(X) (X)		
<u> </u>	. 60	60 F		North		560 E		Mos+	
Unit LetterU	_ : <u></u>	<u> </u>	Feet From The	North Lin	e and	F6	eet From The _	West	Line
Section 6 Townshi	_{ip} 203	S,	Range 25E	. N	МРМ,		Eddy		County
		-			.,,,,				County
III. DESIGNATION OF TRAN	SPORTE	R OF OII	AND NATU	RAL GAS					
Name of Authorized Transporter of Oil	LXX)	or Condensa			re address to w	hich approved	copy of this for	m is to be sent)	
Texaco Trading and Tr				P. 0.	Box 3109	, Midlar	nd, Texas	79702	
Name of Authorized Transporter of Casin Feagan Gathering Comp		XX •	or Dry Gas	Address (Giv 4000 N.	e address to wi Big Spring	hich approved 1, Sie. 30	copy of this for 5, Midland	m is to be sent) Texas 797	'05
If well produces oil or liquids,			wp. Rge.	Is gas actuall	y connected?	When		_	
give location of tanks.	1 D	6	20S ₁ 25E	HO VA	9		1-22	-92	
If this production is commingled with that	from any other	er lease or po	ol, give comming	ling order num	ber:				
IV. COMPLETION DATA				η -i -	-,	-,			
Designate Type of Completion	- (X)	Oil Well	Gas Well	•	Workover	Deepen	Plug Back S	Same Res'v	Diff Res'v
Date Spudded			md	X Total Depth	ــــــــــــــــــــــــــــــــــــــ	<u> </u>			
11/1/91	Date Compl. Ready to Prod. 1/7/92			8,090'			P.B.T.D. 7,868'		
Elevations (DF, RKB, RT, GR, etc.)		oducing Form	nation	Top Oil/Gas Pay					
3,573.4' GR	7,717			Tubing Depth 7,809					
Perforations				Depth Casing Shoe					
7717-779	4						N/A		
	Ţ	UBING, C	ASING AND	CEMENTI	NG RECOR	D	.'	***************************************	
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SA	CKS CEMEN	Γ
12-1/4"	9-5/8"			1,150'			2050		
8-3/4"	7"			8.090'			1475 (circ 214 sx)		
	2-7	2-7/8"			09 '				
V. TEST DATA AND REQUES	T FOD A	LOWAT	RIF				L		
OIL WELL (Test must be after re				he equal to a-	exceed to11.	mahli da- iki-	denth as be A	. 6.11 94 L	
Date First New Oil Run To Tank	Date of Test	- roterie of	va ana musi					Juli 24 hours.)	
1/7/92		1/16/92			Producing Method (Flow, pump, g.15 Pump				
Length of Test	Tubing Pres			Casing Pressu			Choke Size	····	·-··
24 hours	N/A						bi / A		
Actual Prod. During Test	Oil - Bbis.			N/A Water - Bbls.			Gas- MCF		
-	120			287	3		323		
GAS WELL	<u> </u>			201	<u> </u>	· · · · · · · · · · · · · · · · · · ·	343		
Actual Prod. Test - MCF/D	Length of T	est		Dhie Conde	501a A A 1/7**		10-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
	Length of Test			Bbls. Condensate/MMCF			Gravity of Con	oensale	
esting Method (pitot, back pr.) Tubing Pressure			e (Shut-in)		Casing Pressure (Shut-in)		Choke Size		
· · · · · · · · · · · · · · · · · · ·					. ,				
VI. OPERATOR CERTIFIC.	ATE OF	COMPL	IANCE						
I hereby certify that the rules and regula					IL CON	SERVA	ATION D	IVISION	
Division have been complied with and t									
is true and complete to the best of my knowledge and belief.				Date Approved			JAN 2 3 1992		
minal I	, bra	1		2010		- — 	· · · · · · · · · · · · · · · · · · ·		
medred son	<u>GWN (</u>	<u>VI</u>		By	ORIGI	NAL SIGN	ED BY		

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

Signature Mildred Simpkins, Production Analyst

Printed Name 1/17/92

Date

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

Title.

MIKE WILLIAMS

SUPERVISOR, DISTRICT IT

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.