

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
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
DEC - 4 1991
Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page
O. C. D.
ARTESIA OFFICE

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Operator Nearburg Producing Company ✓	Well API No. 30-015-26819
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 Mayer 24	Well No. 1	Pool Name, including Formation Dagger Draw Upper Penn-South	Kind of Lease Lease or Fee	Lease No.
Location				
Unit Letter E	1.980	Feet From The north Line and 660	Feet From The west Line	
Section 24	Township 20S	Range 24E	NMPM, Eddy	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"/> Texaco Trading and Transportation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3109, Midland, Texas 79702					
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, TX 79705					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 24	Twp. 20S	Rge. 24E	Is gas actually connected? Yes	When? 1-22-92

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 9/30/91	Date Compl. Ready to Prod. 11/26/91		Total Depth 8,040'		P.B.T.D. 7,847'			
Elevations (DF, RKB, RT, GR, etc.) 3,609.6' GR	Name of Producing Formation Cisco Canyon		Top Oil/Gas Pay 7,702'		Tubing Depth 7,717'			
Perforations 7,702-7,840'					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"		1,320'		1,125 sx (circ 200 sx)			
8-3/4"	7"		8,040'		1,075 sx (circ 119 sx)			
	2-7/8"		7,717'					

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 11/26/91	Date of Test 11/30/91	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 12 hrs.	Tubing Pressure N/A	Casing Pressure N/A	Choke Size N/A
Actual Prod. During Test	Oil - Bbls. 105	Water - Bbls. 675	Gas- MCF 95

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
12/3/91
Date
214/739-1778
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JAN 22 1992**

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.