

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Nearbrug Producing Company	Well API No. 30-015-25762
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 Dagger Draw 31 Federal	Well No. 5	Pool Name, Including Formation Dagger Draw North Upper Penn	Kind of Lease State, Federal or Fee	Lease No. NMMN 84701
Location				
Unit Letter C	660	Feet From The north Line and 1,980 Feet From The west Line		
Section 31	Township 19S	Range 25E , 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"/> Amoco Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) 502 North West Ave., Levelland, Texas 79702	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3109, Midland, Texas 79702	
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 31
	Twp. 19S	Rge. 25E
	Is gas actually connected?	When?
	Yes	9/14/93

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 8/12/93	Date Compl. Ready to Prod. 9/13/93		Total Depth 8,020'		P.B.T.D. 7,880'			
Elevations (DF, RKB, RT, GR, etc.) 3,563.4' GR	Name of Producing Formation Cisco/Canyon		Top Oil/Gas Pay 7,602'		Tubing Depth 7,866'			
Perforations 7,602' - 7,791'					Depth Casing Shoe 8,020'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12-1/4"	CASING & TUBING SIZE 9-5/8"		DEPTH SET 1,104'		SACKS CEMENT 960 sx			
8-3/4"	7"		8,020'		1st stage 600 sx			
					2nd stage 750 sx Circ			

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 9/14/93	Date of Test 9/16/93	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hours	Tubing Pressure NA	Casing Pressure NA	Choke Size Post IO-2 12-31-93 NA
Actual Prod. During Test 372	Oil - Bbls. 372	Water - Bbls. 256	Gas - MCF 659

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.

Judy Teames
Signature
Judy Teames Production Secretary
Printed Name
9/24/93 Title
(214) 739-1778
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **NOV 29 1993**
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.