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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

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REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Nearburg Producing Company ✓		Well API No. 30-015-22947
Address P. O. Box 823085, Dallas, Texas 75382-3085		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input checked="" type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Re-Entry 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 Big Walt 2 State	Well No. 1	Pool Name, Including Formation Indian Basin U. Penn. Assoc. Pool	Kind of Lease State, Federal XXXXXXX	Lease No. V2678
Location Unit Letter C : 660 Feet From The north Line and 2,130 Feet From The west Line Section 2 Township 22S Range 24E , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Texaco Trading & Transport	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 type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Gas Company of New Mexico	Address (Give address to which approved copy of this form is to be sent) P. O. Box 26400, Albuquerque, New Mexico 87125	
If well produces oil or liquids, give location of tanks. Unit C Sec. 2 Twp. 22S Rge. 24E	Is gas actually connected? No	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	Gas Well <input checked="" type="checkbox"/>	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 8/27/93	Date Compl. Ready to Prod. 9/2/93		Total Depth 7,975'		P.B.T.D. 7,941'			
Elevations (DF, RKB, RT, GR, etc.) 3,892' GL	Name of Producing Formation Upper Pennsylvanian		Top Oil/Gas Pay 7,902'		Tubing Depth 7,796'			
Perforations 7,902' - 7,914'					Depth Casing Shoe 7,975'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 17-1/2"	CASING & TUBING SIZE 13-3/8"		DEPTH SET 200'		SACKS CEMENT 250 sx Circulated			
12-1/4"	8-5/8"		1,600'		750 sx Circulated			
7-7/8"	5-1/2"		7,975'		300 sx Premium Plus			

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.)

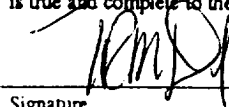
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 950	Length of Test 24 Hours	Bbls. Condensate/MMCF 2	Gravity of Condensate 47.5
Testing Method (pilot, back pr.) Flowing	Tubing Pressure (Shut-in) 1,500	Casing Pressure (Shut-in) NA	Choke Size 16/64"

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.

Signature 
T. R. McDonald Engineering Manager
Printed Name **9/20/93** Title **214-739-1778**
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved

By

Title

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.