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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

| | |
|---|-------------------------------------|
| Operator Nearburg Producing Company | Well API No. 30-015-24953 |
| Address P. O. Box 823085, Dallas, Texas 75382-3085 | |
| Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Other (Please explain) <input checked="" type="checkbox"/> Workover and Add test data. Recompletion <input type="checkbox"/> Change in Transporter of: 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 Chama Federal Com | Well No. 1 | Pool Name, Including Formation Indian Basin Upper Penn Associated | Kind of Lease State Federal <input checked="" type="checkbox"/> | Lease No. NM 53219 |
| Location Unit Letter B : 780 Feet From The north Line and 1,350 Feet From The east Line Section 11 Township 22S 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"/> Gas Company of New Mexico | Address (Give address to which approved copy of this form is to be sent) Alvarado Square, Albuquerque, NM 87158-2608 | | | |
| If well produces oil or liquids, give location of tanks. | Unit B | Sec. 11 | 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 <input checked="" type="checkbox"/> | Gas Well | New Well | Workover <input checked="" type="checkbox"/> | Deepen | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded 10/8/93 | Date Compl. Ready to Prod. 11/19/93 | | Total Depth 10,750' | | P.B.T.D. 8,045' | | | |
| Elevations (DF, RKB, RT, GR, etc.) 4,095' GR | Name of Producing Formation Cisco | | Top Oil/Gas Pay 8,102' | | Tubing Depth 8,103' | | | |
| Perforations 8,102' - 8,106' | | | | | Depth Casing Shoe | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE 12-1/2" | CASING & TUBING SIZE 8-5/8" | | DEPTH SET 1,410' | | SACKS CEMENT 770 sx Circ | | | |
| 7-7/8" | 4-1/2" | | 10,750' | | 657 sx | | | |
| | 2-3/8" | | 8,103' | | | | | |

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 11/21/93 | Producing Method (Flow, pump, gas lift, etc.) Pump | |
| Length of Test 24 Hours | Tubing Pressure NA | Casing Pressure NA | Choke Size NA |
| Actual Prod. During Test 52 bbls. | Oil - Bbls. 52 | Water - Bbls. 342 | Gas - MCF 30 |

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.

Signature
L. R. MacDonald Engineering Manager
Printed Name
11/23/93 (214) 739-1778
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **NOV 29 1993**

By **ORIGINAL SIGNED BY**

Title **SUPERVISOR**

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.