dSF
WT
GT
Dp

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-104
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

☐ AMENDED REPORT

APR 24

# I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

| [1] Operator name and Address | [2] OGRID Number |
|---|---|
| Nearburg Producing Company<br>P. O. Box 823085<br>Dallas, Texas 75382-3120 | 015742 |
| | [3] Reason for Filing Code<br>NW |

| [4] API Number | [5] Pool Name | [6] Pool Code |
|---|---|---|
| 30 - 0 15-27509 | Indian Basin Upper Penn Assoc Pool | 33685 |
| [7] Property Code | [8] Property Name | [9] Well Number |
| 013595 | Big Walt 2 State | 2 |

## II. [10] Surface Location

| Ul or lot no. | Section | Township | Range | Lot.Idn | Feet from the | North/South Line | Feet from the | East/West Line | County |
|---|---|---|---|---|---|---|---|---|---|
| J | 2 | 22S | 24E | | 1650' | South | 1980 | East | Eddy |

## [11] Bottom Hole Location

| UL or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South Line | Feet from the | East/West Line | County |
|---|---|---|---|---|---|---|---|---|---|
| J | 2 | 22S | 24E | | 1650 | South | 1980 | East | Eddy |

| [12] Lse Code | [13] Producing Method Code | [14] Gas Connection Date | [15] C-129 Permit Number | [16] C-129 Effective Date | [17] C-129 Expiration Date |
|---|---|---|---|---|---|
| S | F | 4/23/94 | NA | NA | NA |

## III. Oil and Gas Transporters

| [18] Transporter OGRID | [19] Transporter Name and Address | [20] POD | [21] O/G | [22] POD ULSTR Location and Description |
|---|---|---|---|---|
| 022507 | Texaco Trading & Transport<br>P.O.Box 3109<br>Midland, Texas 79702 | 2811354 | O | |
| 008503 | Gas Company of New Mexico<br>P. O. Box 26400<br>Albuquerque, New Mexico 87125 | 2811355 | G | |
| | | | | |
| | | | | |

## IV. Produced Water

| [23] POD | [24] POD ULSTR Location and Description |
|---|---|
| | |

## V. Well Completion Data

| [25] Spud Date | [26] Ready Date | [27] TD | [28] PBTD | [29] Perforations |
|---|---|---|---|---|
| 2/27/94 | 4/13/94 | 7932' | 7915' | 7862'-7900' |

| [30] Hole Size | [31] Casing & Tubing Size | [32] Depth Set | [33] Sacks Cement |
|---|---|---|---|
| 14 3/4" | 9 5/8" | 1595' | 1100 |
| 8 3/4 | 7" | 7932' | 1380 |
| | 2 3/8" | 7822' | |
| | | | |

## VI. Well Test Data

| [34] Date New Oil | [35] Gas Delivery Date | [36] Test Date | [37] Test Length | [38] Tbg. Pressure | [39] Csg. Pressure |
|---|---|---|---|---|---|
| 4/11/94 | NA | 4/13/94 | 24 | 1450 | NA |
| [40] Choke Size | [41] Oil | [42] Water | [43] Gas | [44] AOF | [45] Test Method |
| 15/64" | 0 | 2 | 1400 | NA | F |

[46] I hereby certify that the rules 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:

Printed name: Timothy R. MacDonald

Title: Engineering Manager

Date: April 22, 1994 Phone: (214)739-1778

OIL CONSERVATION DIVISION

Approved by: SUPERVISOR, DISTRICT II

Title:

Approval Date: MAY 16 1994

[47] If this is a change of operator fill in the OGRID number and name of the previous operator

| Previous Operator Signature | Printed Name | Title | Date |
|---|---|---|---|
| | | | |

New Mexico Oil Conservation Division
C-104 Instructions

: THIS IS AN AMENDED REPORT. CHECK THE BOX LABLED AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

eport all gas volumes at 15.025 PSIA at 60°.
eport all oil volumes to the nearest whole barrel.

, request for allowable for a newly drilled or deepened well must be ccompanied by a tabulation of the deviation tests conducted in ccordance with Rule 111.

ll sections of this form must be filled out for allowable requests on ew and recompleted wells.

ill out only sections I, II, III, IV, and the operator certifications for hanges of operator, property name, well number, transporter, or ther such changes.

, separate C-104 must be filed for each pool in a multiple ompletion.

nproperly filled out or incomplete forms may be returned to perators unapproved.

. Operator's name and address

. Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.

. Reason for filing code from the following table:
NW New Well
RC Recompletion
CH Change of Operator
AO Add oil/condensate transporter
CO Change oil/condensate transporter
AG Add gas transporter
CG Change gas transporter
RT Request for test allowable (include volume requested)
If for any other reason write that reason in this box.

. The API number of this well

. The name of the pool for this completion

. The pool code for this pool

. The property code for this completion

. The property name (well name) for this completion

. The well number for this completion

0. The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter.

1. The bottom hole location of this completion

2. Lease code from the following table:
F Federal
S State
P Fee
J Jicarilla
N Navajo
U Ute Mountain Ute
I Other Indian Tribe

3. The producing method code from the following table:
F Flowing
P Pumping or other artificial lift

4. MO/DA/YR that this completion was first connected to a gas transporter

5. The permit number from the District approved C-129 for this completion

6. MO/DA/YR of the C-129 approval for this completion

7. MO/DA/YR of the expiration of C-129 approval for this completion

8. The gas or oil transporter's OGRID number

9. Name and address of the transporter of the product

0. The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.

1. Product code from the following table:
O Oil
G Gas

22. The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD",etc.)

23. The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.

24. The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank",etc.)

25. MO/DA/YR drilling commenced

26. MO/DA/YR this completion was ready to produce

27. Total vertical depth of the well

28. Plugback vertical depth

29. Top and bottom perforation in this completion or casing shoe and TD if openhole

30. Inside diameter of the well bore

31. Outside diameter of the casing and tubing

32. Depth of casing and tubing. If a casing liner show top and bottom.

33. Number of sacks of cement used per casing string

The following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

34. MO/DA/YR that new oil was first produced

35. MO/DA/YR that gas was first produced into a pipeline

36. MO/DA/YR that the following test was completed

37. Length in hours of the test

38. Flowing tubing pressure - oil wells
Shut-in tubing pressure - gas wells

39. Flowing casing pressure - oil wells
Shut-in casing pressure - gas wells

40. Diameter of the choke used in the test

41. Barrels of oil produced during the test

42. Barrels of water produced during the test

43. MCF of gas produced during the test

44. Gas well calculated absolute open flow in MCF/D

45. The method used to test the well:
F Flowing
P Pumping
S Swabbing
If other method please write it in.

46. The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report

47. The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person