

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

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O. C. D.  
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <b>Nearburg Producing Company</b>	Well API No. <b>30-015-26542</b>
Address <b>P.O. Box 823085, Dallas, Texas 75382-3085</b>	
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 <b>Amethyst State Com</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Undesignated Rustler Bluff</b>	Kind of Lease (State, Federal or Fee)	Lease No. <b>VB-55</b>
Location				
Unit Letter <b>E</b>	<b>1,880</b>	Feet From The <b>North</b>	Line and <b>990</b>	Feet From The <b>West</b>
Section <b>32</b>	Township <b>24S</b>	Range <b>29E</b>	<b>NMPM</b>	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"/>	Address (Give address to which approved copy of this form is to be sent)					
<b>Koch Oil Co., Division of Koch Ind., Inc.</b>	<b>P.O. Box 1558, Breckenridge, Texas 76024</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	<b>E</b>	<b>32</b>	<b>24S</b>	<b>29E</b>	<b>No</b>	

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	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		<b>X</b>	<b>X</b>					
Date Spudded <b>12/01/90</b>	Date Compl. Ready to Prod. <b>02/21/91</b>		Total Depth <b>13,491'</b>		P.B.T.D. <b>13,220'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>2,903.3' GR</b>	Name of Producing Formation <b>Morrow</b>		Top Oil/Gas Pay <b>13,022'</b>		Tubing Depth <b>12,910'</b>			
Perforations <b>13,022' - 13,028', 4 SPF, 24 holes</b>					Depth Casing Shoe <b>2,903'</b>			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>17-1/2"</b>	<b>13-3/8"</b>		<b>600'</b>		<b>650 sx circulated</b>			
<b>12-1/4"</b>	<b>9-5/8"</b>		<b>2,808'</b>		<b>2225 sx circulated</b>			
<b>8-3/4"</b>	<b>7"</b>		<b>10,200'</b>		<b>300 sx circulated</b>			
<b>6"</b>	<b>4-1/2" Liner</b>		<b>13,489'</b>		<b>450 sx circulated</b>			

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.)	
		<b>Post #D-2</b>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
			<b>3-22-91</b>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
			<b>comp &amp; BK</b>

GAS WELL

Actual Prod. Test - MCF/D <b>700</b>	Length of Test <b>24</b>	Bbls. Condensate/MMCF <b>-0-</b>	Gravity of Condensate <b>N/A</b>
Testing Method (prior, back pr.) <b>Back pressure</b>	Tubing Pressure (Shut-in) <b>210 #</b>	Casing Pressure (Shut-in) <b>-0-</b>	Choke Size <b>24/64"</b>

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 **Eddie Gelwick** Operations Coordinator  
Printed Name **Eddie Gelwick** Title  
Date **03/01/91** Telephone No. **214/739-1778**

OIL CONSERVATION DIVISION

Date Approved **APR 8 1991**

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.