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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 **RECEIVED**

OIL CONSERVATION DIVISION NOV 5 1991
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

O. C. D.
ARTESIA OFFICE

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 Nearburg Producing Company		Well API No. 30-015-26790
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 Sueno 15	Well No. 1	Pool Name, Including Formation Undesignated Wolfcamp	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter E : 660 Feet From The West Line and 2,500 Feet From The North Line Section 15 Township 22S Range 27E , 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"/>	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 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 E	Sec. 15	Twp. 22S	Rge. 27E	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	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 7/29/91	Date Compl. Ready to Prod. 10/22/91		Total Depth 10,610'		P.B.T.D. 10,440'			
Elevations (DF, RKB, RT, GR, etc.) 3,097.2' GR	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 9,512'		Tubing Depth 9,381'			
Perforations 9,583'-92, 9,644'-46, 9,784'-94, 9,797'-800, 9,514'-19, 9,530'-32, 9,540'-43, 9,557'-68, 9,574'-80 (4 SPF, 400 holes)					Depth Casing Shoe 10,610'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		420'		450 sx (circulated)			
11"	8-5/8"		5,400'		4265 sx (circulated)			
7-7/8"	5-1/2"		10,610'		1265 sx TOC @ 5300'			

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.) Prod ID-2 11-22-91 comp & BK	
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 439	Length of Test 24 hrs.	Bbls. Condensate/MMCF 29	Gravity of Condensate 50
Testing Method (prior, back pr.) Flowing	Tubing Pressure (Shut-in) 125#	Casing Pressure (Shut-in) N/A	Choke Size 42/64"

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.

Eddie Gelwick
Signature
Eddie Gelwick Operations Coordinator
Printed Name
11/1/91 **214/739-1778**
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **DEC 2 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.