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

State of New Mexico

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

Energy, Minerals and Natural Resources Department OIL CONSERVATION DIVISION RELEIVED P.O. Box 2088 ISTRICT II O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088 JUN 2 5 1993

000 Rio Brazos Rd., Azzec, NM 87410	REQU	EST FO	R ALL	OWABL	E AND A	UTHORIZA URAL GAS	3	C. (
Operator						Well API No. 30-015-26790					
Nearburg Producing Com	pany							<u> </u>			
Address P. O. Box 823085, Dall	as, Te	exas 7	<u>5382-</u>	3085							
Reason(s) for Filing (Check proper box)					Other	(Please explain	1)				
New Well		Change in	_	er of:							
Kecombienon	Oil		Dry Gas								
Change in Obertace	Casinghea	d Gas	Condensa	<u> </u>							
if change of operator give name and address of previous operator										· · · · · · · · · · · · · · · · · · ·	
II. DESCRIPTION OF WELL A	ND LE	ASE	Es	DER	QNZA						
Lease Name	Well No. Pool Name, Including				g Formation Kind of			Lease Lease No.			
Sueno 15	1 Undesignat				ted_Delaware ****			HANNAN	<u> </u>		
Location						and 2,50	100		north	1:	
Unit LetterE	:	660	Feet From	n The W	est Line	and	For	t From The	1101 011	Line	
1F	22	90	Range	27E	. NM	IPM,	Eddy			County	
Section 15 Township		<u> </u>	Kanke		1.11						
III. DESIGNATION OF TRANS	PORTE	ER OF O	IL AND	NATUI	RAL GAS					nt)	
Name of Authorized Transporter of Oil or Condensate						Accurate (Othe man end to when the					
Texaco Trading and Transportation						P. O. Box 3109, Midland, Texas 79702 Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas or Dry Gas X						e aaaress 10 whi arnomber Fr	w. Ste	201. Irvi	ng, TX	75062-3990	
Llano, Inc.	Unit Sec. Twp. Rg			Rge.	1 22 6			. 201, Irving, TX 75062-3990			
If well produces oil or liquids, give location of tanks.	Unit E	S∞. 15	1 22S			Yes		11-2	7-91		
If this production is commingled with that fi					ing order numb	ber:					
IV. COMPLETION DATA	10111 a lly 04		p , g								
		Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Designate Type of Completion -	· (X)	_i	1	<u>X</u>				X		<u> X</u>	
Date Spudded	Date Compl. Ready to Prod.				Total Depth		P.B.T.D. 4,965'				
7-29-91	4-30-93				10,610° Top Oil/Gas Pay			Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				4,829'			4,700'			
3,097.2' GR	Delaware				I	4,025			Depth Casing Shoe		
Perforations 4,829' - 4,835'									10,610	! 	
4,029 4,000	TUBING, CASING AND				CEMENTING RECORD						
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT 450sx			
17-1/2"	13-3/8"				420'			4,265sx			
11"	8-5/8"				5,400			1,265sx			
7-7/8"	5-1/2"				10,610				1,2003	`	
THE RECUES	TEOD	ALLOW	ARLE		1						
V. TEST DATA AND REQUES OIL WELL (Test must be after r.	ecouery of	Total volum	e of load	oil and mus	t be equal to o	r exceed top all	owable for th	is depth or be fo	or full 24 hor	ers.)	
OIL WELL (Test must be after red) Date First New Oil Run To Tank	Date of				Producing M	fethod (Flow, pr	ump, gas lift.	etc.)	Post	ナレース	
Date Lies iten Oil Herr 10 1900								Choke Size	1/-	16-73	
Length of Test	Pressure			Casing Press	sure		CHORE SIZE	P41	T water		
					Water - Bbls.			Gas- MCF			
Actual Prod. During Test	Oil - Bb	ls.			AMERICA DOLL	-			-		
					<u>.l</u>			<u> </u>			
GAS WELL		· · · · · ·			IBble Conde	nsate/MMCF	 	Gravity of C	ondensate		
Actual Prod. Test - MCF/D	Length of Test 24 HRS			Bbis. Condensate/MMCF			49				
162	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
Testing Method (pitot, back pr.)	580 #				0		1/2"				
Flowing	ATE			VCF.		011 60		/ATION!		∩NI	
VI. OPERATOR CERTIFIC	Isticne of	the Oil Cont	selvation 			OIL CO	42FH/	AHON	וופועוט	JIN	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					Date Approved JUN 2 8 1993						
is true and complete to the best of my	knowledg	e and belief.	•		Dat	te Approve	ed	JUN	इ ७ । १५५	13	
Judy Hames					By.	By ORIGINAL SIGNED BY					
Signature/ Judy Teames Production Secretary						MIKE WILLIAMS SUPERVISOR, DISTRICT IN					
Printed Name			Title		Titl	e	11 F.17 A (2)				
_ June 23, 1993		_ (214)	739-	1778— No.							

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.