

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	✓
FILE	✓
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL ✓ GAS ✓
OPERATOR	✓
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. RECEIVED

Operator Nearburg Producing Company ✓

Address P.O. Box 31405 Dallas, Texas 75231

Reason(s) for filing (Check proper box) AUG 03 '88

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	<input checked="" type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain) O. C. D. ARTESIA, OFFICE

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Boyd State 26M</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Cemetery Morrow</u> <u>Morrow Wizard</u>	Kind of Lease State, Federal or Fee State	Lease No. <u>VB-0060</u>
Location				
Unit Letter <u>M</u> : <u>1200</u> Feet From The <u>South</u> Line and <u>750</u> Feet From The <u>West</u>				
Line of Section <u>26</u> Township <u>19S</u> Range <u>25E</u> , NMPM, <u>Eddy</u> 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)
<u>Koch Oil Co., Div. of Koch Industries, Inc.</u>	<u>P.O. Box 1558, Breckenridge, TX 76024</u>
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)
<u>Gas Company of New Mexico</u>	<u>P.O. Box 26400, Albuquerque, NM 87125</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>M 26 19S 25E</u> <u>Yes</u> <u>9-16-88</u>

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

TRM Donay  
(Signature)  
Engineering Manager  
(Title)  
August 2, 1988  
(Date)

OIL CONSERVATION DIVISION  
NOV 4 1988  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Original Signed By  
Mike Williams  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepener well, this form must be accompanied by a tabulation of the deviator tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.

Post ID-2  
10-28-88  
comp & BK

IV. COMPLETION DATA

<b>Designate Type of Completion - (X)</b>	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 5-29-88	Date Compl. Ready to Prod. 7-8-88		Total Depth 9740'		P.B.T.D. 9691'			
Elevations (DF, RKB, RT, GR, etc.) 3472' GR.	Name of Producing Formation Morrow		Top Oil/Gas Pay 9423'		Tubing Depth 9285'			
Perforations 9423-9435'					Depth Casing Shoe 9739'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	410'	550
12 1/2"	8 5/8"	1350'	625
7 7/8"	4 1/2"	9739'	325
	2 3/8"	9285'	

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
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 1440	Length of Test 24 hrs.	Bbls. Condensate/MMCF 2	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) 2650	Casing Pressure (Shut-in) NA	Choke Size

Nearburg Producing Company  
Boyd State 26M #1  
Eddy County, N.M.

STATE OF NEW MEXICO  
DEVIATION REPORT


RECEIVED

OCT 28 '88

C. L. E.  
ARTESIA, OFFICE

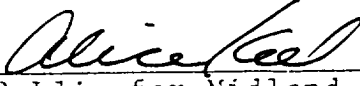
410	1/2
900	3/4
1350	3/4
1840	1 1/4
2317	1
2805	3/4
3301	1 1/4
3779	1 3/4
3957	1
4111	1 1/2
4425	1 1/4
4555	1 1/4
4887	1 3/4
5041	2
5161	2 1/4
5288	2 1/2
5854	1 1/4
6365	1
6859	1 1/4
7326	1
7819	2 1/2
8282	2 3/4
8807	1 1/2
9195	1 1/4
9740	1/2

STATE OF TEXAS    X

  
By: Ray Peterson

COUNTY OF MIDLAND   X

The foregoing instrument was acknowledged before me this 1st day of July, 1988, by Ray Peterson on behalf of Peterson Drilling Company.

  
Notary Public for Midland County,  
Texas

My Commission expires: 8/2/88

RECEIVED JUL 27 1988