Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	<u> </u>	OTRAN	ISPORT OF	L AND NA	ATURAL G	AS				
Operator No pobling Producing Company						Well API No. 30-005-21101				
Nearburg Producing Company 30 Address								01		
P. O. Box 823085, Dal	las, Te	kas 753	82-3085							
Reason(s) for Filing (Check proper box)		~		Ot	her (Please expl	ain)				
New Well Change in Transporter of: Recompletion Oil Dry Gas										
Change in Operator Casinghead Gas Condensate										
If change of operator give name and address of previous operator		·				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
II. DESCRIPTION OF WELL	ANDIRA	er er								
Lease Name Caldwell 24	Name Well No. Pool Name, Including F						of Lease No. Federal or Fee			
Location Unit Letter H: 1,980 Feet From The North Line and 660 Feet From The East Line										
Chaves										
, internal										
III. DESIGNATION OF TRANS										
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Texaco Trading and Transportation P. O. Box 3109. Midland. Texas 79702									ens)	
Name of Authorized Transporter of Casinghead Gas X or Dry Gas					P. O. Box 3109, Midland, Texas 79702 Address (Give address to which approved copy of this form is to be sent)					
Warren Petroleum Company					P. O. Box 1150, Midland, TX 79702					
If well produces oil or liquids, give location of tanks.	Unit S	S∞. T 24	wp. Ree. 8S 33E	Is gas actual Ye:	Is gas actually connected? When? Yes October 18, 1991					
If this production is commingled with that f IV. COMPLETION DATA	rom any other			ling order nun						
Designate Type of Completion -	· (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl.	Ready to P	rod.	Total Depth		J	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations					Depth Casing Shoe					
TUBING, CASING AND C					CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
•										
					·····					
V. TEST DATA AND REQUES OIL WELL (Test must be after re				be equal to or	r exceed top allo	wable for this	depih or be fo	r full 24 how	rs.)	
					Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls	Water - Bbis.			Gas- MCF		
GAS WELL				<u>. </u>		·····				
Actual Prod. Test - MCF/D	Length of Te	st.		Bbls. Conder	sate/MMCF		Gravity of Co	ndensale		
Testing Method (pitot, back pr.)	Tubing Press	ure (Shut-in))	Casing Press	Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFICA	ATE OF (COMPLI	IANCE							
I hereby certify that the rules and regulations of the Oil Conservation				(OIL CON	SERVA	TION D	IVISIC	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				Date Approved						
milled hand him					Date Approved					
Midred Annakus Signature				By ORIGINAL SIGNED BY LEDGY SEVEN						
Mildred Simpkins, Production Analyst				By ORIGINAL SIGNED BY JEDBY SEKTON						
Printed Name Title 11/5/91 214/739-1778									····	
Date Telephone 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.

RECEIVED

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