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Appropriate District Office  
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1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator <b>Nearburg Producing Company</b>	Well API No. <b>30-005-21119</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>Caldwell 24</b>	Well No. <b>2</b>	Pool Name, Including Formation <b>Milnesand Penn/West</b>	Kind of Lease <b>State, Federal or Fee</b> <b>XXXXXXXXXX</b>	Lease No.
Location				
Unit Letter <b>H</b>	<b>1,880</b>	Feet From The <b>north</b> Line and <b>660</b>	Feet From The <b>east</b> Line	
Section <b>24</b>	Township <b>8S</b>	Range <b>33E</b>	NMPM,	Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<b>Texaco Trading &amp; Transportation</b>	<b>P. O. Box 3109, Midland, Texas 79702</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)					
<b>Warren Petroleum Company</b>	<b>P. O. Box 1150, Midland, Texas 79702</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>H</b>	Sec. <b>24</b>	Twp. <b>8S</b>	Rge. <b>33E</b>	Is gas actually connected? <b>Yes</b>	When? <b>12/15/93</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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <b>11/02/93</b>	Date Compl. Ready to Prod. <b>12/15/93</b>		Total Depth <b>9,300'</b>		P.B.T.D. <b>9,218'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>4,329' GR</b>	Name of Producing Formation <b>Bough "B"</b>		Top Oil/Gas Pay <b>9,190'</b>		Tubing Depth <b>9,138'</b>			
Perforations <b>9,190' - 9,198' 4 JSPF 36 Holes</b>					Depth Casing Shoe <b>9,300'</b>			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>12-1/4"</b>	<b>13-3/8"</b>		<b>365'</b>		<b>250 sx cmt Circ Surf</b>			
<b>11"</b>	<b>8-5/8"</b>		<b>3,955'</b>		<b>1,300 sx cmt Circ Surf</b>			
<b>7-7/8"</b>	<b>5-1/2"</b>		<b>9,300'</b>		<b>2,090 sx cmt Circ Surf</b>			
	<b>2-7/8"</b>		<b>9,138'</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.)

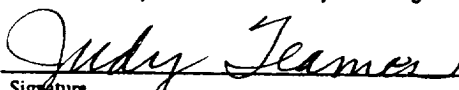
Date First New Oil Run To Tank <b>12/15/93</b>	Date of Test <b>12/23/93</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pumping</b>	
Length of Test <b>24 hours</b>	Tubing Pressure <b>NA</b>	Casing Pressure <b>NA</b>	Choke Size <b>NA</b>
Actual Prod. During Test <b>114 bbl</b>	Oil - Bbls. <b>114</b>	Water - Bbls. <b>9</b>	Gas- MCF <b>53</b>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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  
**Judy Teames** Production Secretary  
Printed Name  
**1/03/94** Title  
**(214) 739-1778**  
Date  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JAN 07 1994**  
By **ORIGINAL SIGNED BY JERRY SEXTON**  
**DISTRICT I SUPERVISOR**  
Title

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.