

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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FILE	
U.S.S.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Nearburg Producing Company

Address  
P.O. Box 31405 Dallas, Texas 75231

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Casingshead Gas	<input type="checkbox"/> Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lessee Name Soledad 19m	Well No. 1	Pool Name, including Formation Northeast Lovington-Pennsylvanian	Kind of Lease State, Federal or Fee State	Lessee No.
Location Unit Letter <u>M</u> : <u>1,000'</u> Feet From The <u>West</u> Line and <u>1,000'</u> Feet From The <u>South</u>				
Line of Section <u>19</u> Township <u>16S</u> Range <u>37E</u> , NMPM, Lea 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"/> Texas-New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528 Hobbs, New Mexico 88241
Name of Authorized Transporter of Casingshead 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.	Is gas actually connected? When
Unit : m : 19 : 16S : 37E	No

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.

T.R. McDonald  
(Signature)

Engineering Manager  
(Title)

4/22/88  
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 12 1988, 19  
BY ORIGINAL SIGNED BY JERRY SEXTON  
TITLE DISTRICT I SUPERVISOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation 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.

#### 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 2/8/88	Date Compl. Ready to Prod. 3/23/88	Total Depth 11,460'		P.B.T.D. 11,350'					
Elevations (DF, RKB, RT, CR, etc.) 3833.8' Gr.	Name of Producing Formation Strawn	Top Oil/Gas Pay 10,032'		Tubing Depth 10,801'					
Perforations 11,065-11,134' (142 holes)				Depth Casing Shoe 11,460'					

#### TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	382	400sx. Circ.
11	8 5/8	4270'	1350sx. Circ.
7 7/8	4 1/2	11,460'	980sx 50/50 Poz
4 1/2	2 3/8' EUE		

#### 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 3/23/88	Date of Test 4/4/88	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24	Tubing Pressure 650	Casing Pressure -0- Packer	Choke Size 18/64
Actual Prod. During Test 445	Oil - Bbls. 445	Water - Bbls. -0-	Gas - MCF 660 MCF

#### GAS WELL

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

RECEIVED  
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