

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

I. Operator NEARBURG PRODUCING COMPANY

Address P.O. BOX 31405 DALLAS, TX 75231

Reason(s) for filing (Check proper box)

☒ New Well ☐ Recompletion ☐ Change In Ownership

Change In Transporter of: ☐ Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate

Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER 6-1-88 UNLESS AN EXCEPTION IS OBTAINED

If change of ownership give name and address of previous owner ac. 5035 (af. 629)

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>SOLEDAQ 19m</u>	Well No. <u>1</u>	Pool Name, including Formation <u>NORTHEAST LOUINGTON - PENNSYLVANIAN</u>	Kind of Lease State, Federal or Fee <u>STATE</u>	Lease No.
Location				
Unit Letter <u>M</u> ; <u>1000</u> Feet From The <u>WEST</u> Line and <u>1000</u> Feet From The <u>SOUTH</u>				
Line of Section <u>19</u> Township <u>16 S</u> Range <u>37 E</u> , NMPM, <u>LEA</u> 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"/> <u>KOCH SERVICE, INC.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. BOX 1558 BRECKINRIDGE, TEXAS 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)
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>M</u> Sec. <u>19</u> Twp. <u>16 S</u> Rge. <u>37 E</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.

T.R. MacDonald
T.R. MACDONALD (Signature)
ENGINEERING MANAGER
(Title)
4/18/88
(Date)

OIL CONSERVATION DIVISION

APR 21 1988

APPROVED _____, 19____
BY _____ Orig. Signed by
Paul Kautz
Geologist
TITLE _____

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 all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple completed wells.

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 2/8/88	Date Compl. Ready to Prod. 3/23/88	Total Depth 11,460'			P.B.T.D. 11350'				
Elevations (DF, RKB, RT, GR, etc.) 3833.8' GR	Name of Producing Formation STRAWN	Top Oil/Gas Pay 10,032'			Tubing Depth 10,801'				
Perforations 11,065 - 11,134							Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			SACKS CEMENT				
17 1/2	13 3/8	382			400 SX CIRC				
11	8 5/8	4270			1350 SX CIRC				
7 7/8	4 1/2	11640			980 SX				

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 - O - PACKER	Choke Size 18/64
Actual Prod. During Test 445	Oil - Bbls. 445	Water - Bbls. 0	Gas - MCF 660

GAS WELL

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

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GAS
PROCESSING