

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 06-01-83
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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	NAT	
OPERATOR		
PRODUCTION OFFICE		

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

Other (Note: Casinghead Gas Must Not Be Flared After 9/25/88 Unless an Exception to R-4020 is Obtained.)

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Doubloon 24P	Well No. 1	Pool Name, including Formation Northeast Lovington, Pennsylvania	Kind of Lease State, Federal or Fee State	Lease No.
Location Unit Letter <u>P</u> ; <u>400</u> Feet From The <u>South</u> Line and <u>400</u> Feet From The <u>East</u>				
Line of Section <u>24</u> Township <u>16S</u> Range <u>36E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Koch Oil Co., Division of Koch Industries	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1558 Breckenridge, TX 76024
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.	Unit <u>P</u> Sec. <u>24</u> Twp. <u>16S</u> Rge. <u>36E</u>
Is gas actually connected?	When

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.

Eddie J. Schuch
(Signature)
Operations Coordinator
(Title)
7-22-88
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____
BY _____
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 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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'y.	Diff. Res'y.
Date Spudded 5-29-88	Date Compl. Ready to Prod.		Total Depth 11,350'		P.B.T.D. 11,256				
Elevations (DF, RKB, RT, GR, etc.) 3840 GR	Name of Producing Formation Strawn		Top Oil/Gas Pay 11,022		Tubing Depth 10,939				
Perforations 11,022-48, 11,057-66, 11,072-76 2 shots/FT				Depth Casing Shoe 11,348					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
7 7/8	4 1/2		363'		400				
			4304'		1975				
			11,348'		585				

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 7-16-88	Date of Test 7-17-88	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 335	Casing Pressure Packer	Choke Size 18/64
Actual Prod. During Test 392	Oil - Bbls. 390	Water - Bbls. 2	Gas - MCF 429

GAS WELL

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

RECORDED

JUL 25 1988

GOD
HOBBS OF ICE