

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

## OIL CONSERVATION DIVISION

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

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

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|  |   |                              |
|--|---|------------------------------|
| Operator<br>Nearburg Producing Company   |   | Well API No.<br>30-025-30902 |
| Address<br>P. O. Box 823085, Dallas, Texas 75382-3085  |   |                              |
| Reason(s) for Filing (Check proper box) <input checked="" 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"/>               | Gas connection               |
| 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<br>Maddux 17C | Well No.<br>1       | Pool Name, including Formation<br>Lovington-Pennsylvanian, Northeast | Kind of Lease<br>State, Federal or Fee | Lease No. |
| Location                 |                     |  |  |           |
| Unit Letter <u>C</u>     | <u>2130</u>         | Feet From The <u>west</u> Line and <u>660</u>                        | Feet From The <u>north</u> Line        |           |
| Section <u>17</u>        | Township <u>16S</u> | Range <u>37E</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"/>         | Address (Give address to which approved copy of this form is to be sent)<br>Texas-New Mexico Pipe Line Company<br>P. O. Box 2528, Hobbs, New Mexico 88241 |                   |                    |                    |                                   |                         |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent)<br>Warren Petroleum Company<br>P. O. Box 1150, Midland, Texas 79702              |                   |                    |                    |                                   |                         |
| If well produces oil or liquids, give location of tanks.   | Unit<br><u>C</u>  | Sec.<br><u>17</u> | Twp.<br><u>16S</u> | Rge.<br><u>37E</u> | Is gas actually connected?<br>Yes | When?<br><u>9/17/90</u> |

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                    | Gas Well | New Well        | Workover | Deepen | Plug Back         | Same Res'v | Diff Res'v |
| Date Spudded                       | Date Compl. Ready to Prod.  |          | Total Depth     |          |        | 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 CEMENTING RECORD

|           |                      |           |              |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

#### 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 | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                 | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test       | Oil - Bbls.     | Water - Bbls.                                 | Gas - MCF  |

#### 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.

Machelle Byrum  
Signature  
Machelle Byrum Production Secretary  
Printed Name  
9/18/90 214/739-1778  
Date Telephone No.

#### OIL CONSERVATION DIVISION

Date Approved \_\_\_\_\_  
By \_\_\_\_\_  
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.

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

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

|   |   |                                     |
|---|---|-------------------------------------|
| Operator<br><b>Nearburg Producing Company</b>   |   | Well API No.<br><b>30-025-30902</b> |
| Address<br><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 type="checkbox"/>   | Change in Transporter of:               |                                     |
| Recompletion <input type="checkbox"/>   | Oil <input checked="" 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<br><b>Maddux 17C</b>   | Well No.<br><b>1</b> | Pool Name, Including Formation<br><b>Lovington-Pennsylvanian, Northeast</b> | Kind of Lease<br>State, Federal or <b>Fee</b> | Lease No. |
| Location<br>Unit Letter <b>C</b> : <b>2130</b> Feet From The <b>west</b> Line and <b>660</b> Feet From The <b>north</b> Line<br>Section <b>17</b> Township <b>16S</b> Range <b>37E</b> , 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"/><br><b>Texas-New Mexico Pipe Line Company</b> | Address (Give address to which approved copy of this form is to be sent)<br><b>P. O. Box 2528, Hobbs, New Mexico 88241</b> |                   |                    |                    |   |        |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br><b>Warren Petroleum Company</b>   | Address (Give address to which approved copy of this form is to be sent)<br><b>P. O. Box 1150, Midland, Texas 79702</b>    |                   |                    |                    |   |        |
| If well produces oil or liquids, give location of tanks.  | Unit<br><b>C</b>   | Sec.<br><b>17</b> | Twp.<br><b>16S</b> | Rge.<br><b>37E</b> | Is gas actually connected?<br><b>No</b> | When ? |

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                    | Gas Well | New Well        | Workover | Deepen | Plug Back         | Same Res'v | Diff Res'v |
| Date Spudded                        | Date Compl. Ready to Prod.  |          | Total Depth     |          |        | 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 CEMENTING RECORD |                             |          |                 |          |        |                   |            |            |
| HOLE SIZE                           | CASING & TUBING SIZE        |          | DEPTH SET       |          |        | SACKS CEMENT      |            |            |
|                                     |                             |          |                 |          |        |                   |            |            |
|                                     |                             |          |                 |          |        |                   |            |            |
|                                     |                             |          |                 |          |        |                   |            |            |
|                                     |                             |          |                 |          |        |                   |            |            |

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 | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                 | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test       | Oil - Bbls.     | Water - Bbls.                                 | Gas- MCF   |

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.

*Mildred Simpkins*  
Signature  
**Mildred Simpkins, Production Analyst**  
Printed Name  
**September 14, 1990** **214/739-1778**  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **1990**  
By **JOEY SEXTON**  
Title **SENIOR SUPERVISOR**

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

SEP 17 1990

OCD  
HOBBS OFFICE

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

## OIL CONSERVATION DIVISION

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

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

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|   |  |  |
|---|--|--|
| Operator<br>Nearburg Producing Company  |  | Well API No.<br>30-025-30902   |
| Address<br>P. O. Box 823085, Dallas, Texas 75382-3085   |  |  |
| Reason(s) for Filing (Check proper box)<br>New Well <input checked="" type="checkbox"/><br>Recompletion <input type="checkbox"/><br>Change in Operator <input type="checkbox"/><br>Change in Transporter of:<br>Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/><br>Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/><br><input type="checkbox"/> Other (Please explain) |  | CASINGHEAD GAS MUST NOT BE<br>FLARED AFTER <u>11-1-90</u><br>UNLESS AN EXCEPTION TO R-4070<br>IS OBTAINED. |
| If change of operator give name<br>and address of previous operator   |  |  |

#### II. DESCRIPTION OF WELL AND LEASE

|   |               |  |   |           |
|---|---------------|--|---|-----------|
| Lease Name<br>Maddux 17C  | Well No.<br>1 | Pool Name, Including Formation<br>Lovington-Pennsylvanian, Northeast | Kind of Lease<br>State, Federal or <u>Fee</u> | Lease No. |
| Location<br>Unit Letter <u>C</u> : <u>2130</u> Feet From The <u>west</u> Line and <u>660</u> Feet From The <u>north</u> Line<br>Section <u>17</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"/><br>Koch Oil Company, Division of Koch Industries, Inc. | Address (Give address to which approved copy of this form is to be sent)<br>P. O. Box 1558, Breckenridge, Texas 76024 |                   |                    |                    |                                  |        |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br>Warren Petroleum Company                    | Address (Give address to which approved copy of this form is to be sent)<br>P. O. Box 1150, Midland, Texas 79702      |                   |                    |                    |                                  |        |
| If well produces oil or liquids,<br>give location of tanks.   | Unit<br><u>C</u>  | Sec.<br><u>17</u> | Twp.<br><u>16S</u> | Rge.<br><u>37E</u> | Is gas actually connected?<br>No | When ? |

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<br>7/18/90                             | Date Compl. Ready to Prod.<br>9/1/90         |          | Total Depth<br>11,790'                       |          | P.B.T.D.<br>11,671'      |           |            |            |
| Elevations (DF, RKB, RT, GR, etc.)<br>3834.2' GR    | Name of Producing Formation<br>Strawn        |          | Top Oil/Gas Pay<br>11,409'                   |          | Tubing Depth<br>11,190'  |           |            |            |
| Perforations<br>11,409'-11,424' and 11,442'-11,492' |  |          |  |          | Depth Casing Shoe<br>N/A |           |            |            |
| TUBING, CASING AND CEMENTING RECORD                 |  |          |  |          |                          |           |            |            |
| HOLE SIZE   | CASING & TUBING SIZE                         |          | DEPTH SET                                    |          | SACKS CEMENT             |           |            |            |
| 17-1/2"   | 13-3/8"                                      |          | 369'   |          | 425 sx Circ to surface   |           |            |            |
| 11"   | 8-5/8"                                       |          | 4,212'                                       |          | 2235 sx Circ to surface  |           |            |            |
| 7-7/8"  | 5-1/2"                                       |          | 11,795'                                      |          | 810 sx                   |           |            |            |

#### 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<br>9/1/90 | Date of Test<br>9/2/90  | Producing Method (Flow, pump, gas lift, etc.)<br>Flowing |                      |
| Length of Test<br>24 hours               | Tubing Pressure<br>420# | Casing Pressure<br>N/A                                   | Choke Size<br>20/64" |
| Actual Prod. During Test<br>482 bbls.    | Oil - Bbls.<br>482      | Water - Bbls.<br>0                                       | Gas- MCF<br>524      |

#### 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.

Machelle Byrum  
Signature  
Machelle Byrum/Production Secretary  
Printed Name  
9/6/90  
Date  
214/739-1778  
Telephone No.

#### OIL CONSERVATION DIVISION

SEP 10 1990

Date Approved  
By JERRY SEXTON  
SUPERVISOR  
Title

#### INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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RECEIVED

SEP 10 1990

OFFICE  
HONORARY OFFICE