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Appropriate District Office
DISTRICT!
P.O. Box 1980, Hobbs, NM 88240

### State of New Mexico lergy, Minerals and Natural Resources Depar

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

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

OIL CONSERVATION DIVISION P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION

<b>[</b> ,	Т	OTHAN	<b>NSPO</b>	HI OIL	ANU NA	TURAL GA							
Operator Nearburg Producing Company									Well API No. 30-025-30902				
Address P. O. Box 823085, Dal	·	kas 753	382-3	085									
Reason(s) for Filing (Check proper box)					X Ou	et (Please expl	zin)		<del></del>				
New Well	(	Change in T	ransporte	z of:									
Recompletion	Oil		Ory Gas		c.	s connec	tion						
Change in Operator	Casinghead	Gas 🔲 🤇	Condensa	te 🗌	u	S Connec							
If change of operator give name and address of previous operator													
II. DESCRIPTION OF WELL				<del></del>			1 27:-1		1				
Lease Name Maddux 17C	Well No. Pool Name, Including Formation Lovington-Pennsylvanian, Northeast							of Lease Federal or Fe		ease No.			
Location C	. 213	30	r E	n The We	est	e and 660	)	set From The	nort	h Line			
Out teur	1.66	•		37E		6 8190	Lea	et From the .					
Section 17 Township			Range			МРМ,	Lea		····	County			
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		or Condens		NATU	Address (Gi	e address to w				int)			
Texas-New Mexico Pipe Line	Company		L										
Name of Authorized Transporter of Casing Warren Petroleum Company		XX (	or Dry G	<b></b>	P. O. Box 2528, Hobbs, New Mexico 88241  Address (Give address to which approved copy of this form is to be sent) P. O. Box 1150, Midland, Texas 79702								
If well produces oil or liquids.	Unit	Sec.   1	Twp	Rge.	<del> </del>	y connected?	When	nen ?					
give location of tanks.	ci	17 j	16S j	37E	· `	es	i	9/17/	90				
If this production is commingled with that IV. COMPLETION DATA	from any othe	r lease or po	ool, give	commingl	ing order num	ber:							
Designate Type of Completion	• (X)	Oil Well	Ga	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v			
ate Spudded Date Compile Ready to Prod.					Total Depth	L	<u> </u>	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)		Top Oil/Gas	Pay	<del> </del>	Tubing Depth								
Perforations			<del></del>		Depth Casing Shoe								
		CEMENT	NG RECOR										
HOLE SIZE CASING & TUBING SIZE				ZE	DEPTH SET			SACKS CEMENT					
								<del></del>					
		<del>-:</del>				<u> </u>		<del> </del>		<del></del>			
								<u> </u>	<del></del>				
V. TEST DATA AND REQUES								. 4. 4 4.	6 6-11 34 hav				
OIL WELL (Test must be after r  Date First New Oil Run To Tank	Date of Tes		f load oil	and must		exceed top all lethod (Flow, p			JOF JULI 24 HOU	rs.)			
Length of Test	Tubing Pres	GIM			Casing Press	une		Choke Size					
								Gas- MCF					
Actual Prod. During Test	Oil - Bbls.				Water - Bbli	•		Gas- MCF	Car McI				
GAS WELL										,			
Actual Prod. Test - MCF/D								Gravity of Condensate					
Testing Method (pitot, back pr.)	Method (pitot, back pr.)  Tubing Pressure (Shut-in)						<del></del>	Choke Size					
V7				~	<del>ارا</del>	······································		1		····			
VI. OPERATOR CERTIFIC				CE		OIL CON	JSFRV	ATION	DIVISIO	NC			
I hereby certify that the rules and regul Division have been complied with and							···	, , , , , , , ,	J. 7 1010	- 1 7			
is true and complete to the best of my			4 90046							•			
•	_	<del></del> '			Date	a Approve	d						
Machille Lycen						By							
Simply Machelle Byrum		ction	Secre	tary	By_				1 2 . A				
Printed Name 9/18/90	214/	739-17	Tide 78		Title	· <del></del>							
7/ 10/ 90 Date	/		hone No.										

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

# 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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

l	1	U IHAN	13PU	n I OIL	AND NA	UNAL UZ	T Wall A	DI No					
Operator Nearburg Producing Company									Veil API No. 30-025-30902				
Address P. O. Box 823085, Dal		vac 753	382-3	2085									
Reason(s) for Filing (Check proper box)	145, 167	<u> </u>			Oth	x (Please expla	in)	<del></del>					
New Well	•	Change in T			_								
Recompletion	Oil		Ory Gas										
Change in Operator	Casinghead	Cas [ ] C	Condens	216						j			
and address of previous operator		<del> </del>											
II. DESCRIPTION OF WELL. Lease Name		SE Well No.   F	and Nar	ne Includu	ng Formation		Kind	of Lease	<u></u>	ease No.			
Maddux 17C	ddux 17C 1 Lovington-Pennsylvanian, Northeast State, Federal of Fee												
Location	213	30 ,	East East		est (in	, and	560 <sub>Fe</sub>	et From The	north	Line			
Unit Letter : Fest From the Line and Feet From the													
Section 17 Township	, 169	<u> </u>	Range	37E	, N	ирм,		Le	<u> </u>	County			
III. DESIGNATION OF TRAN		or Condense		NATU	RAL GAS	a address to wh	ich approved	capy of this f	orm is to be se	ent)			
Name of Authorized Transporter of Oil Texas-New Mexico Pipe	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 Casing	ias 🗀	Address (Giv	orm is 10 be se	int)									
Warren Petroleum Comp	,				nd, Texas 79702								
If well produces oil or liquids, give location of tanks.	Unit	-	Гwp. 16S	Rge.   37E	Is gas actually connected?			Vhen ?					
If this production is commingled with that i	<del> </del>					жг							
IV. COMPLETION DATA		102.32.0		117 . 11	New Well	Workover	l D	Dun Book	Same Res'v	Diff Res'v			
Designate Type of Completion	- (X)	Oil Well	) U	as Well	New Men	WOILOVE	Deepen	Flug Dack	Salike Kes v	Dill Resv			
Date Spudded	Date Compl	. Ready to F	rod.		Total Depth			P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation							Tubing Depth					
Perforations						Depth Casing Shoe							
	<del></del>												
HOLE SIZE		CEMENTI	NG RECOR	D	SACKS CEMENT								
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEF TH GET							
	-			<del></del>					<del></del>				
V. TEST DATA AND REQUES					1		<del></del>	<u> </u>					
OIL WELL (Test must be after no Date First New Oil Run To Tank	<del>,</del>		load oi	l and must		exceed top allo			for full 24 hou	rs.)			
Date First New Oil Run 10 1ams	Date of Tes				1100metag m	21 to 4, p							
Length of Test	Tubing Pres	sure			Casing Press	ıre		Choke Size					
Actual Prod. During Test	Oil - Bbls.							Gas- MCF					
	<u> </u>	-			<u></u>			1					
GAS WELL Actual Prod. Test - MCF/D	Length of T	act		·	Bhis Conde	sale/MA/CE		Gravity of	Ondensale				
Actual Prod. 1881 - MCP/D	reagn or 1	CPI			Bbls. Condensate/MMCF			Gravity of Condensate					
Testing Method (pitot, back pr.)	Tubing Pressure (Shui-in)				Casing Pressure (Shut-in)			Choke Size					
VI. OPERATOR CERTIFIC	ATE OF	СОМРІ	IAN	CE	1			. <del></del>					
I hereby certify that the rules and regula	ations of the (	Oil Conserva	tion	-		DIL CON	ISERV	ATION	DIVISIO	N			
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						Date Approved							
middle singleins						Jaio Applovod							
						By SEXTON							
Mildred Simpkins, Production Analyst Printed Name Title													
September 14, 1990	<u> </u>	Title											
Date		Telepi	hone No	).	11								

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.

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SEP 17 1990 OCD MOBBS OFFICE Submit 5 Copies
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DISTRICT I
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## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

TO TRANSPORT OIL AND NATURAL GAS

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	T	O TRAN	SPC	RT OIL	AND NA	TURA	L GA	S	A DI No		····		
Operator Nearburg Producing Company								1	Well API No. 30-025-30902				
Address P. O. Box 823085, Dal	las, Te	xas 753	382-	3085									
Reason(s) for Filing (Check proper box)					Oth	r (Pleas	e expla	in) CAS	NGHEAD	GAS MUS	ST NOT BE		
··••	Well Change in Transporter of:									R <u>//-</u>			
Recompletion									ESS AN E	XCEPTIO	V TO R-407		
Change in Operator				<del>- 18 0</del> 1	STAINED.		V 10 11-401						
If change of operator give name and address of previous operator					·								
II. DESCRIPTION OF WELL		SE			<b>T</b>			W:nd	<u>,(1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<b>&gt;</b>	ease No.		
Lease Name Maddux 17C					ng Formation nnsylvania	an, No	rthea	ما	of Lease Federal or Fed	11			
Location Unit Letter	213	0 F	eet Fro	om The _W	est Lin	and _	660	F	et From The.	north	Line		
Section 17 Townshi	ip 16S	R	lange	37E	, N	мрм,	Le	a	<del>,</del>		County		
THE PROPERTY OF TRAIN	ICDADTEI	OF OIL	A NIT	וופרגות	DAT CAS								
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		or Condensa		INATO	Address (Giv	e addres	s to wh	ich approved	copy of this f	orm is to be s	ini)		
Koch Oil Company, Division			es,	inc.					e, Texas		<del> </del>		
Name of Authorized Transporter of Casin	ghead Gas	×× •	r Dry (	Gas					copy of this f	orm is to be s	ini)		
Warren Petroleum Company	Unit	Sec. T	\	l Pos	P. O. Box 1150, Midland, Texas 79702  Is gas actually connected? When?								
If well produces oil or liquids, give location of tanks.	C	17	Wp. 16S	Rge. 37E	No	,							
If this production is commingled with that	from any other	r lease or po	ol, giv	comming	ing order num	ber:							
IV. COMPLETION DATA		1			1 21 . 32.0	1 31/- 1		<u> </u>	l Nua Back	Isama Baa'u	Diff Res'v		
Designate Type of Completion	- (X)	Oil Well	1 0	ias Well	New Well	Work	over	Deepen	I ring pace	Same Res'v	piii kesi		
Date Spudded		l. Ready to P	tud.		Total Depth	L			P.B.T.D.	<del></del>			
7/18/90		/90			11,790'				11,671'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing Form	nation		Top Oil/Gas Pay				Tubing Depth				
3834.2' GR		11,40	11,409'				1,190 '						
11,409'-11,424' and 1							N/A						
				IG AND	CEMENTI	NG RI	COR	D					
HOLE SIZE		ING & TUE	ING S	IZE	DEPTH SET					SACKS CEN			
17-1/2"		3/8"			369'				425 sx Circ to surface				
11"	8-	-5/8" -1/2"			4,212' 11,795'				2235 sx Circ to surface 810 sx				
7-7/8"	5-		11,793				OTO 2X						
V. TEST DATA AND REQUE	ST FOR A	LLOWA	BLE		<u> </u>								
OIL WELL (Test must be after			load o	oil and must						for full 24 ho	ers.)		
Date First New Oil Run To Tank	Date of Tea 9/2				Producing M	eunoa (A ) Wing	-	mp, gas iyi,	eic.)				
9/1/90 Length of Test	Tubing Pres		Casing Pressure				Choke Size						
24 hours	420				N/A					64"			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF					
482 bbls.	482		(	)			524						
GAS WELL													
Actual Prod. Test - MCF/D	Length of	esi			Bbis. Coade	isate/MI	MCF		Gravity of	Condensate			
Testing Method (pitot, back pr.)	Tubing Pre		Casing Pressure (Shut-in)			Choke Size							
VI. OPERATOR CERTIFIC	TATE OF	COLOR	TAR	ICE	1								
				ICE.		OIL (		ISERV	'ATION	DIVISION	NC		
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above						SEP 1 0 1990							
is true and complete to the best of my	knowledge at	nd belief.			Date	App	rove	d	U Late of				
Marlille Bucun					By OPERTY SEXTON								
Machelle Byrum/Produ	uction S												
Printed Name 9/6/90	214	/739-1		f <sub>a</sub>	Title								
Date		Telep	hone N	Ю.	H								

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SEP IN 390