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State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <b>Nearburg Producing Company</b>		Well API No. <b>30-025-30987</b>
Address <b>P. O. Box 823085, Dallas, Texas 75382-3120</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 checked="" type="checkbox"/>	Oil <input 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

*Cancel NE Lovington Pool*

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Western 17F State</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>East Lovington Wolfcamp</b>	Kind of Lease <b>XXXXXX</b>	Lease No. <b>VB-0364</b>
Location Unit Letter <b>F</b> : <b>2,130</b> Feet From The <b>North</b> Line and <b>2,130</b> Feet From The <b>West</b> Line 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"/> <b>Texaco Trading &amp; Transportation, Inc.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O.Box 5568, Denver, CO 80217-5568</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Warren Petroleum Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1150, Midland, TX 79702</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>F</b>	Sec. <b>17</b>	Twp. <b>16S</b>	Rge. <b>37E</b>	Is gas actually connected? <b>Yes</b>	When? <b>4/29/91</b>

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	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <b>01-28-91</b>	Date Compl. Ready to Prod. <b>03-19-93</b>		Total Depth <b>11,612</b>		P.B.T.D. <b>11,305</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>3937.7 GR</b>	Name of Producing Formation <b>Wolfcamp</b>		Top Oil/Gas Pay <b>10,530</b>		Tubing Depth <b>10,800</b>			
Perforations <b>10,530 - 10,805</b>					Depth Casing Shoe <b>11,596</b>			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
<b>17 1/2</b>		<b>13 3/8</b>		<b>350</b>		<b>425 sx circulated</b>		
<b>11</b>		<b>8 5/8</b>		<b>4400</b>		<b>1600 sx circulated</b>		
<b>7 7/8</b>		<b>5 1/2</b>		<b>11,596</b>		<b>325 sx</b>		

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 <b>03-19-93</b>	Date of Test <b>05-21-93</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 hours</b>	Tubing Pressure <b>N/A</b>	Casing Pressure <b>N/A</b>	Choke Size <b>open</b>
Actual Prod. During Test	Oil - Bbls. <b>41</b>	Water - Bbls. <b>33</b>	Gas - MCF <b>38</b>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCMCF	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.

*Casey*  
Signature  
**Ms. C.L. CASEY** Production Analyst  
Printed Name  
**05/28/93** (214) 739-1778  
Date Telephone No.

OIL CONSERVATION DIVISION  
**JUN - 4 1993**

Date Approved  
By **ORIGINAL SIGNED BY JERRY SEXTON**  
DISTRICT I SUPERVISOR  
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.

RECEIVED

JUN 01 1993

ACD HOBBS OFFICE