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Appropriate District Office  
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DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

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 NEARBURG PRODUCING COMPANY		Well API No. 30-025-30987
Address P.O. BOX 823085, DALLAS, TEXAS 75382-3085		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Change in Transporter of: Recompletion <input 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 _____		

Other (Please explain) **CASINGHEAD GAS MUST NOT BE FLARED AFTER 6/15/91 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.**

II. DESCRIPTION OF WELL AND LEASE

Lease Name WESTERN 17F STATE	Well No. 1	Pool Name, Including Formation LOVINGTON-PENNSYLVANIAN, NORTHEAST	Kind of Lease <input checked="" type="radio"/> State <input type="radio"/> Federal or Fee	Lease No. VB-0364
Location Unit Letter <u>F</u> : <u>2,130</u> Feet From The <u>NORTH</u> Line and <u>2,130</u> Feet From The <u>WEST</u> Line 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"/> KOCH OIL CO., DIVISION OF KOCH IND., INC.	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1558, BRECKENRIDGE, TEXAS 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 F	Sec. 17
	Twp. 16S	Rge. 29E
Is gas actually connected?		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 2/8/91	Date Compl. Ready to Prod. 4/7/91		Total Depth 11,612'		P.B.T.D. 11,568'			
Elevations (DF, RKB, RT, GR, etc.) 3,837.7 GR	Name of Producing Formation STRAWN		Top Oil/Gas Pay 11,442'		Tubing Depth 11,199'			
Perforations 11,442' - 11,474', 4JSPF, 105 holes					Depth Casing Shoe 11,596'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		350'		425 sx Circulate			
11"	8-5/8"		4,400'		1,600 sx Circulate			
7-7/8"	5-1/2"		11,596'		325 sx			
	2-3/8"		11,199'					

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 3/18/91	Date of Test 4/8/91	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test 12 HOURS / 24 hr	Tubing Pressure 50#	Casing Pressure N/A	Choke Size 24/64"
Actual Prod. During Test	Oil - Bbls. 74.5 / 149	Water - Bbls. 4	Gas - MCF 88

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.

Signature Linda S. Senter  
Linda S. Senter Drilling & Production Secretary  
Printed Name 4/10/90 Title 214-739-1778  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 16 1991  
By Bill W. Senter  
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.