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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

RECEIVED

JUN 2 1993

C. L. J.

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| | |
|---|------------------------------|
| Operator Newbourne Oil Company | Well API No. 30-025-29623 |
| Address P.O. Box 5270 Hobbs, New Mexico 88241 | |
| Reason(s) for Filing (Check proper box) 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

Approval to flare casinghead gas from
this well must be obtained from the
BUREAU OF LAND MANAGEMENT (BLM)

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|--|--|----------------------|
| Lease Name French Federal | Well No. 1 | Pool Name, Including Formation Querecho Plains (Bone Springs) | Kind of Lease State, Federal or Fee | Lease No. NM-2945 |
| Location Unit Letter M : 660' Feet From The South Line and 660' Feet From The West Line Section 24 Township 18S Range 32E, NMPM, Lea County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|---|--|--|-------------|-------------|----------------------------------|---------------|
| Name of Authorized Transporter of Oil Scurlock Permian | <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) P.O. Box 4648 Houston, Texas 77210 | | | | |
| 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 M | Sec. 24 | Twp. 18S | Rge. 32E | Is gas actually connected? 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 <input type="checkbox"/> | New Well <input type="checkbox"/> | Workover <input checked="" type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input type="checkbox"/> | Same Res'v <input type="checkbox"/> | Diff Res'v <input checked="" type="checkbox"/> |
| Date Spudded 02/15/86 | Date Compl. Ready to Prod. 05/05/93 | | Total Depth 8700' | | P.B.T.D. 8650' | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3777' GL, 3789' KB | Name of Producing Formation Bone Springs | | Top Oil/Gas Pay 8534' | | Tubing Depth 8576' | | | |
| Perforations 8534'-8568' 34' net 2 spf 68 holes | | | | | Depth Casing Shoe 8700' | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 15" | 11-3/4" | | 350' | | 850 Sx. | | | |
| 11" | 8-5/8" | | 2800' | | 2000 Sx. | | | |
| 7-7/8" | 4-1/2" | | 8700' | | 780 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 05/07/93 | Date of Test 05/18/93 | Producing Method (Flow, pump, gas lift, etc.) Pump | |
| Length of Test 24 Hours | Tubing Pressure 30# | Casing Pressure 30# | Choke Size ---- |
| Actual Prod. During Test | Oil - Bbls. 11 | Water - Bbls. 17 | Gas- MCF 0 |

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
Erick W. Nelson Engineer
Printed Name
Date 05/20/93 Telephone No. (505) 393-5305

OIL CONSERVATION DIVISION

Date Approved JUN - 8 1993

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.