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

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

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TRA	ANSP	ORT O	IL AND NA	ATURAL (SAS				
Operator	1			Well API No.							
NEARBURG PRODUCING	COMPANY			···		· · · · · · · · · · · · · · · · · · ·		30-	-025-30	684	
P. 0. Box 823085,	Dallac T		75202	2005	•						
Reason(s) for Filing (Check proper b	ox)	ехаѕ	10002	-3085	· ·	her (Please ex	mlain)				
New Well		Change in	Transpo	rter of:	\ \	iki (Flease ex	рши)				
Recompletion	Oil		Dry Ga		Change	e in Tra	nenorta	er effect	iva		
Change in Operator	Casingher	d Gus 🔲			Septer	mber 1,	1991	er errect	ive		
If change of operator give name and address of previous operator					. :	··					
IL DESCRIPTION OF WE		4.000		· · · · · · · · · · · · · · · · · · ·	•				· · · · · · · · · · · · · · · · · · ·		
Lease Name	LL AND LE	Well No.	Pool No	me Inchy	ding Formation		1 72.				
Discrete of the state of the st					ail Ridge Morrow			Kind of Lease State, Pederal or Fee		Lease No. V-1267	
Location		·									
Unit LetterI	:66	50	Feet Fro	om The _	East 1.	se and 1,5	980	Feet From The	Sou	uth	
•						× 400		reet from the		Li	
Section 2 Tow	nship 19S		Range	33E	N	МРМ,	Lea			County	
II. DESIGNATION OF TR	ANCDODTE	D 05 01	FF A 1817	> >1.4 mm							
Name of Authorized Transporter of O	A STORIE	or Conden			Address (Gio	ve address to v	uhiah anna	and many affective			
Texaco Trading & Transport					Address (Give address to which approved copy of this form is to be sent) P. 0; Box 3109, Midland, Texas 79702						
Name of Authorized Transporter of C	atinghead Gas			ias XX	Address (Gir	NE RELEASED NO. 14	hickapprox	ed copy chahis e	ormis to be	sent)	
Phillips 66 Natural Ga f well produces oil or liquids,	s Company G	PM Gas	Corpo	ration	ALQ-B	Home Savir	igs & Loa	n Blog, Bar	tlesville	e, OK 74	
ive location of tanks.		SECTIVE 2	198	1 33E	. is Bas score!!	y connected? es	Wh	en ?			
this production is commingled with t				COMMING	ling deleg sum	es	L	12/	14/89		
V. COMPLETION DATA			,	vonziane	week order minn	·					
Designate Time of Complete	~	Oil Well	G	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completi		<u> </u>			<u>i </u>	İ.	1			Dill Res v	
was phonora	Date Comp	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
levations (DF, RKB, RT, GR, etc.)	Name of Pr	Name of Producing Formation			Top Oil/Gas Pay						
		The state of the s						Tubing Dept	Tubing Depth		
erforations			******		1	7		Depth Casin	g Shoe		
					:				•		
LIOUE OUTE	T	UBING, (CASIN	G AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CAS	CASING & TUBING SIZE			DEPTH SET			S	SACKS CEMENT		
						.			·		
									·		
						······································		_			
. TEST DATA AND REQU							·····	<u> </u>			
IL WELL (Test must be after	r recovery of total	il volume of	load oil	and must	be equal to or	exceed top allo	wable for th	is depth or be fo	or full 24 hou	rs.)	
ate First New Oil Run To Tank	Date of Test	Date of Test				Producing Method (Flow, pump, gas lift, etc.)					
agth of Test	Tubing Proce				Coole - D						
	I doing Press	Tubing Pressure			Casing Pressur	TE		Choke Size	Choke Size		
ctual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbis			Gas- MCF			
AS WELL				<u>.</u>			······································	<u> </u>			
ciual Prod. Test - MCF/D	Length of Te	el .		 1	Bbls. Condens	16/MMCF		Gravity of Co	ndansota		
ting Method (pitot, back pr.)	Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
											
. OPERATOR CERTIFIC	CATE OF C	COMPL	IANC	E		II 00N	0=D\	. =			
I hereby certify that the rules and regi Division have been complied with an	ulations of the Oil	l Conservati	ion	! !	Ų	IL CON	SERV	ATION D	IVISIO	N	
is true and complete to the best of my	knowledge and i	belief.	BOOVE	[]	_ :						
· 7 · 1	/ ₂ ·	,			Date A	Approved					
Thredred Simpleins											
Signature Mildred Simpkins	Droduc	tion A	nalus	_	Ву						
Printed Name	FI Ouuc		ina i y s	<u> </u>							
08/07/91	(214)	739-17		-	Title_						
Date		Telepho			1.5						

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.