

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Nearburg Producing Company		Well API No. 30-025-30684
Address P. O. Box 31405, Dallas, Texas 75231-0405		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" 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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Buffalo 2I State Com	Well No. 1	Pool Name, Including Formation North Quail Ridge Morrow	Kind of Lease <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal or Fee	Lease No.
Location Unit Letter <u>I</u> : <u>660</u> Feet From The <u>east</u> Line and <u>1,980</u> Feet From The <u>south</u> Line Section <u>2</u> Township <u>19S</u> Range <u>33E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Koch Oil Co., Div. of Koch Industries, Inc. P. O. Box 1558, Breckenridge, TX 76024					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Gas Company of New Mexico P. O. Box 26400, Albuquerque, NM 87125					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 2	Twp. 19S	Rge. 33E	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 10/14/89	Date Compl. Ready to Prod. 12/08/89		Total Depth 13,426'		P.B.T.D. 13,320'			
Elevations (DF, RKB, RT, GR, etc.) 3754' GR	Name of Producing Formation Morrow		Top Oil/Gas Pay 12,986'		Tubing Depth 12,865'			
Perforations 13,074'-13,110', 13,059'-13,066', 13,024'-13,038', 12,986'-13,002'					Depth Casing Shoe 13,426'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		354'		125 sx circ			
11"	8-5/8"		5,204'		335 sx circ			
7-7/8"	4-1/2"		13,426'		2350 sx			
	2-3/8"		12,865'					

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 900	Length of Test 24 hrs.	Bbls. Condensate/MMCF 57	Gravity of Condensate 49.2
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 3450 #	Casing Pressure (Shut-in) N/A	Choke Size 24/64"

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.

Machelle Byrum
Signature
Machelle Byrum Production Secretary
Printed Name
12/12/89
Date
214/739-1778
Telephone No.

OIL CONSERVATION DIVISION

MAY 1 1990

Date Approved

By

Title ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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.