Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 8741	0	Sai	ita Fe	, New I	Mexico 873	504-2088						
I.	REC	UEST FO	R AL	LOWA	BLE AND	AUTHOR	IZATI	ON				
Operator		TOTHA	NSP	OHI O	IL AND NA	ATURAL G		Wall	API No.			
NEARBURG PRODUCING	·					30-025-26499						
P. O. Box 823085, D	allas, 1	exas 7	5382	-3085								
Reason(s) for Filing (Check proper box)	~	_		<u></u> α	her (Please exp	lain)		· · · · · · · · · · · · · · · · · · ·			
Recompletion	Oil	Change in	Franspo Dry Ga		Note:							
Change in Operator	Casinghe		Conden		uas Condo	transpor	ter c	har	ige effe	ctive 8	/22/91.	
if change of operator give name and address of previous operator				<u> </u>	CONCE	ensate tran	sporte	r ci	nange ett	ective 9/	1/91.	
II. DESCRIPTION OF WELL	L AND LE						·					
PENNZOIL FEDERAL	NZOIL FEDERAL		Well No. Pool Name, Inclu 2 North Qu						d of Lease No. Federal Melec NMNM4312			
Location Unit Letter H	. 1,9	980 .		_	North	660						
	· · · · · · · · · · · · · · · · · · ·				NOT CII Lin	se and660	· ·	Fe	et From The	<u>East</u>	Line	
			Cange	33E		МРМ,	Lea				County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which converted to the condensate)												
Texaco Trading & Tra	X .	Address (Give address to which approve				d copy of this form is to be sent)						
Name of Authorized Transporter of Casinghead Gas					P. O. Box 3109, Midland, Texas 79702 Address (Give address to which approved copy of this form is to be sent)							
Corroco, Inc. If well produces oil or liquids,	l Unit				P. O. Box 2197, Houst			to	on, lexas //001			
give location of tanks. If this production is committed with the	12 1195 1 335			Is gas actually connected? When yes			hen S	8/22/91				
If this production is commingled with that IV. COMPLETION DATA	nom any on	er jesse or po	ol, give	commingl	ing order numb	жг:						
Designate Type of Completion	- (X)	Oil Well	Ga	s Well	New Well	Workover	Deepe	n	Plug Back	Same Res'v	Diff Res'y	
Date Spudded	<u> </u>	l. Ready to Pr	<u>oq</u>		Total Depth			_	P.B.T.D.		<u> </u>	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth			
Perforations												
**								i	Depth Casing	Shoe		
HOLE SIZE	CEMENTING RECORD											
TOUL OILL	OLE SIZE CASING & TUBING SIZE			E	DEPTH SET				SACKS CEMENT			
									······································			
									·			
. TEST DATA AND REQUES	T FOR A	LOWARI	T.					工				
IL WELL (Test must be after re	covery of 1010	d volume of lo	ad oil d	and must b	e equal to or e	reed to allow	ablada .					
Cate First New Oil Run To Tank	covery of total volume of load oil and must Date of Test				Producing Method (Flow, pump, gas lift, etc				epin or be for)	full 24 hour.	s.)	
ength of Test	Tubing Pressure				Casing Pressure				hoke Size			
ctual Prod. During Test	Oil - Bbls.	Dil - Bbls.			Water - Bbls.				Gas- MCF			
GAS WELL												
cius Prod. Test - MCF/D	anorth of To		· · · · · · · · · · · · · · · · · · ·									
	Length of Test			E	Bbls. Condensate/MIMCF			To	Gravity of Condensate			
sting Method (pitot, back pr.)	Tubing Pressure (Shui-in)				asing Pressure (Shut-in)			- c	Choke Size			
I. OPERATOR CERTIFICA	TEOEC	ON ADI TA	NOTE	 _								
I. 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.					OIL CONSERVATION DIVISION							
					Date ApprovedAUG 3 6 1991							
Signature Simpleins					Byserioss							
Signature Mildred Simpkins Printed Name	Produc	tion Ana	alys	<u>t </u>			-			<u>. i / f/d</u>		
8/22/91 (214) 739-1778					Title							
		Telephone	No.	- 11								

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
- 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.