

# CONFIDENTIAL

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Nearburg Producing Company

Address  
P. O. Box 31405 - Dallas, TX 75231

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

Other (Please explain)  
**CASINGHEAD GAS MUST NOT BE FLARED AFTER 8-1-86 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.**

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name WRIGHT	Well No. 1	Pool Name, including Formation Undes. (Strawn)	Kind of Lease State, Federal or Fee	Lease No. Fee
Location				
Unit Letter <u>I</u> : <u>2460</u> Feet From The <u>South</u> Line and <u>760</u> Feet From The <u>East</u>				
Line of Section <u>12</u> Township <u>1'S</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"/> Texaco Trading & Transportation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 6196-Midland, TX 79711-0196	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) 410-B Home Savings & Loan Bldg-Bartlesville, OK	
If well produces oil or liquids, give location of tanks.	Unit 1	Sec. 12
	Twp. 17S	Rge. 37E
Is gas actually connected?	When 74004	

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Kathleen A. Yant  
Kathleen A. Yant (Signature)  
Production Analyst (Title)  
6/2/86 (Date)

OIL CONSERVATION DIVISION

APPROVED JUN 5 1986, 19 \_\_\_\_\_  
BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.

#### 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	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
2/24/86	5/31/86		12,140'			11,924'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
3728.1 GR	Strawn		11,708'			11,617'			
Perforations						Depth Casing Shoe			
11,708'-11,777'						N/A			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"		13-3/8"		491'		500			
12-1/4"		8-5/8"		4,751'		3200			
7-7/8"		5-1/2"		12,140'		1400			
5-1/2"		2-3/8"		11,617'		N/A			

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
5/31/86	5/31/86	Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	500	N/A	20/64"
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
444.75	444.75	0	527

#### 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

RECEIVED  
 JUN 4 1986  
 C. C. P.  
 HOBBES OFFICE