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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Nearburg Producing (		30-025-30610					
Address							
P. O. Box 31405, Da	llas, Texa	s 75231-	0405	Cub - (Pl	-2-1		
Reason(s) for Filing (Check proper box)	Chan	ge in Transport	er of	Other (Please expla	in)		
New Well  Recompletion	Oil	Dry Gas					
Change in Operator	Casinghead Gas						
If change of operator give name and address of previous operator							
II. DESCRIPTION OF WELL	AND LEASE						
Lease Name Mary Ann 12C Well No. Pool Name, Including Shipp Stra						of Lease Federal or Fee	Lease No.
Location Unit LetterC	. 990	Feet From	m The <u>no</u>	onth Line and 1,5	00 Fe	et From The	est Line
Section 12 Township	p 17S	Range	37E	, NMPM,	Lea	1	County
III. DESIGNATION OF TRAN	SPORTER OF	OIL AND	NATU	RAL GAS			
Name of Authorized Transporter of Oil or Condensate				Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Warren Petroleum Company				Address (Give address to which approved copy of this form is to be sent) P. O. Box 1150, Midland, TX 79702			
If well produces oil or liquids,	oduces oil or liquids, Unit Sec. Twp. Rge. Is ga		Is gas actually connected?	When	?		
give location of tanks.	C   12			Yes	LAug	ust 11, 19	89
If this production is commingled with that in IV. COMPLETION DATA	from any other leas	e or pool, give	comming	ing order number:			
Designate Type of Completion		Well   Ga	as Well	New Well   Workover	Dеерев	Plug Back Sam	e Res'v Diff Res'v
Date Spudded	Date Compl. Ready to Prod.			Total Depth		P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation			Top Oil/Gas Pay		Tubing Depth		
Perforations						Depth Casing Sho	)¢
TUBING, CASING AND				CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
			<del></del>				e. annu
V. TEST DATA AND REQUES							
				be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)			
Date First New Oil Run 10 Tank	Date of Test			Producing Medica (Plow, pu	υτφ, gus τητ, ε	,	
Length of Test	Tubing Pressure			Casing Pressure		Choke Size	
Actual Prod. During Test	Oil - Bbis.			Water - Bbis.		Gas- MCF	
GAS WELL				l			
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF		Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)		Choke Size	
VI. OPERATOR CERTIFIC	ATE OF CO	MPLIAN	CE	011 001	ICEDV	ATION DIV	/ICION
I hereby certify that the rules and regula Division have been complied with and to is true and complete to the best of my k	that the information	given above					2 2 1989
Machelle Byer	-			Date Approve	a	Orig. Signed	by
Signature Machelle Byrum Production Secretary				Ву		Paul Kaut: Geologist	
Printed Name August 17, 1989 214/739-17/8							
Date		Telephone No			•		
•							

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.

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- 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.

San Company

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