

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

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Nearburg Producing Company		Well API No. 30-025-30610
Address P. O. Box 31405, Dallas, TX 75231-0405		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR		

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 9-12-89
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mary Ann 12C	Well No. 1	Pool Name, Including Formation Shipp Strawn	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location Unit Letter C : 1990990 Feet From The North Line and 1500 Feet From The West Line Section 12 Township 17S Range 37E , 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"/> Koch Oil Co., Div of Koch Industries, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1558 Breckenridge, TX 76024
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit C Sec. 12 Twp. 17S Rge. 37E	Is gas actually connected? No When? Contracts Pending

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 6/1/89	Date Compl. Ready to Prod. 7/12/89	Total Depth 11,989'		P.B.T.D. 11,899'				
Elevations (DF, RKB, RT, GR, etc.) 3735.8' GR	Name of Producing Formation Strawn	Top Oil/Gas Pay 11,518'		Tubing Depth 11,381'				
Perforations 11,518' thru 11,619' (126 holes)				Depth Casing Shoe 11,989'				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		470'		500 sx circulated			
11 "	8 5/8"		4,672'		1600 sx circulated			
7 7/8"	5 1/2"		11,989'		500 sx			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of liquid 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 7/12/89	Date of Test 7/16/89	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 280	Casing Pressure Packer -0-	Choke Size 20/64"
Actual Prod. During Test 446	Oil - Bbls. 444	Water - Bbls. 2	Gas - MCF 488

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

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.


Signature
Eddie J. Gelwick Operations Coordinator
Printed Name
7/18/89 Title
214 739-1778
Date Telephone No.

OIL CONSERVATION DIVISION

JUL 20 1989

Date Approved

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

By

Title

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.

RECEIVED

JUL 19 1989

OCD
NOBBS OFFICE