Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Bux 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Ι.	TO:	TRANS	SPORT OIL	AND NATURAL GA						
Operator Newschurg Province Company				Well API No.						
Nearburg Producing Company					30-025-30610					
P. O. Box 314	05. Dalla:	TX	75231-04	05						
Reason(s) for Filing (Check proper box)				X Other (Please explanation)	zin)					
New Well	Char		neporter of	Test allowa	ble for	July, 1	.989 in	the		
Recompletion	Oil		y Ges 🖳	emount of 4						
Change in Operator	Casinghead Gar	<u> </u>	adenante [				······································			
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WELL	ANDIFACE									
Lease Name			ol Name, Includia	ng Formation	Kind	سر معما اد		sase No.		
Mary Ann 12C			hipp Stra		Federal or Fe					
Location	000				^					
Unit Letter	_ : <u></u>	Fee	st From The	orth Line and 1,50	Fe	et From The	west	Line		
Section 12 Townshi	17 <b>5</b>	Re:	<sub>nge</sub> 37 E	, NMPM, Le	a			County		
III. DESIGNATION OF TRAN	SPORTER O	F OIL	AND NATU	RAL GAS						
Name of Authorized Transporter of Oil	or C	oudeness.		Address (Give address to wi				•		
	Koch Oil Co., Div. of Roch Industries, Inc.									
Name of Authorized Transporter of Casing	Shead Clas	of	Dry Gas	Address (Give address to wi	hich approved	copy of this f	orm is to be se	mt)		
If well produces oil or liquids,	Is gas actually connected?	as actually connected? When ?								
give location of tanks.	<u>i c i 1:</u>	Tw	7 S 37E	No						
If this production is commingled with that	from may other less	se or pool	. Bivė orkuminėji	ng older number:						
IV. COMPLETION DATA					· ,					
Designate Type of Completion	- (X)	Well	Oas Well	New Well   Workover	Deepen	Plug Back	Same 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 Qil/Gut Pay	Tubing Depth					
Perforations				Depth Casing Shoe						
						Debu Cress	2 700s			
	TIRI	NG CA	SING AND	CEMENTING RECOR	<u>n</u>					
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET	SACKS CEMENT					
	ļ					ļ				
V. TEST DATA AND REQUES	T FOR ALL	NWAR!	F							
				be equal to or exceed top allo	swable for this	rdanih or be i	for full 74 hour	re i		
Date First New Oil Run To Tank	Date of Test			Producing Method (Flow, pu			J. J. G. 7 100			
Longth of Test	Tubing Pressure			Casing Pressure	Choke Size					
				_						
Actual Prod. During Test	Oil - Bbis.			Water - Bbls.	Gas- MCF					
GAS WELL						<u> </u>	······································			
Anual Prod. Test - MCF/D	Length of Test			Bbis. 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 OO	י זכוו ג	ANICE			<u></u>		······································		
				OIL CON	SERV	ATION!	DIVISIO	N		
I hereby centify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.				Date Approved						
	Date Approved									
The way were the same of the s				ORIGINAL SIGNED BY JERRY SEXTON  DISTRICT I SUPERVISOR						
Tommy Willyard, Jr. Prod. Superintendent					<del></del>	TT SUPER	VISOR	<u> </u>		
Printed Name		Tiu	c	Title						
7/17/89 Date	505/	396-2 Telephon		- 111						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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- 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.