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Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Nearburg Producing Company		Well API No. 30-025-30669
Address P. O. Box 31405		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

**CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 1-8-90  
UNLESS AN EXCEPTION TO R-4070  
IS OBTAINED.**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Price Family 1L	Well No. 1	Pool Name, Including Formation Shipp Strawn	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter L : 660 Feet From The West Line and 2130 Feet From The south Line Section 1 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 1	Sec. 1	Twp. 17S	Rge. 37E	Is gas actually connected? No	When?

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 9/23/89	Date Compl. Ready to Prod. 11/8/89		Total Depth 12,080'		P.B.T.D. 12,026'			
Elevations (DF, RKB, RT, GR, etc.) 3746.4' GR	Name of Producing Formation Strawn		Top Oil/Gas Pay 11,562'		Tubing Depth 8,997'			
Perforations 11,562'-11,582'					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	12-3/4"	460'	550 sx circulated
11"	8-5/8"	4,707'	2400 sx circulated
7-7/8"	5-1/2"	12,080'	425 sx
	2-7/8"	8,997'	

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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 Tank 11/8/89	Date of Test 11/9/89	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure 0	Casing Pressure 35#	Choke Size N/A
Actual Prod. During Test 238	Oil - Bbls. 141	Water - Bbls. 97	Gas - MCF 75

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.

*Mildred Simpkins*  
Signature  
Mildred Simpkins Production Analyst  
Printed Name  
November 13, 1989 Title  
Date 214/739-1778  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 16 1989

By Orig. Signed by  
Paul Kautz  
Geologist

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

NOV 15 1989

CCD  
HOBBS OFFICE