Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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., Azzec, NM 87410

M 87410 _____

I.	REQU	EST FO	OR A NSP	LLOWA PORT O	BLE AND L AND NA	AUTHORI	ZATION			
Operator	:	I OI IAL C	API No.							
NEARBURG PRODUCING C				30-025-24494						
Address	11aa T.	7		0 0005						
P. O. Box 823085, Da Reason(s) for Filing (Check proper box)	ilas, lex	xas /	538	2 - 3085	· ·	as (Diana and				
New Well	(Change in	Transp	orter of:		et (Please expl	aun)			
Recompletion	Oil		Dry G		Change	in Tran	snorter	effectiv	(0	
Change in Operator	Casinghead	Gas 🗌	Conde	nsate 🔲	Septem	ber 1, 1	991.	errectiv	•	
If change of operator give name and address of previous operator					:				**********	
II. DESCRIPTION OF WELL	AND LEAS	SE	8	Poar	(·	10/1/	9 1			
Lesse Name Perla	V		Pool N	ame, Inclu	ding Formation	· · · · · · · · · · · · · · · · · · ·	Kind	of Lease		Lease No.
Location		1	W1 	dcat R	one Spri	ng $K-958$	SE State	Fee Lee		····
Unit Letter J	: 2,3	10	Feet F	rom The _	South Lin	e and1,98	30 F	eet From The	East	Line
Section 19 Townshi	ip 19S		Range	36	E , N	MPM, l	.ea			County
III. DESIGNATION OF TRAN	SPORTER	OF OI	L AN	D NATU	JRAL GAS					
Name of Authorized Transporter of Oil Texaco Trading & Trai	sport °	r Condens	ale	.	Address (Giw	e address to wh	uch approved	copy of this for	n is to be:	sent)
Name of Authorized Transporter of Casinghead Gas X or Dry Gas					P. O. Box 3109, Midland, Texas 79702 Address (Give address to which approved copy of this form is to be sent)					
Phillips 66 Natural Gas Company					410-B Home Savings & Loan Bldg, Bartlesville, OK 74004					
If well produces oil or liquids, give location of tanks.	Rge	s. Is gas actually connected? When ?								
If this production is commingled with that	from any other	19 <u> </u> 1	95	B6E	No No					
IV. COMPLETION DATA						er:				
Designate Type of Completion	- (X)	Oil Well	(Gas Well	New Well	Workover	Deepen	Plug Back Sa	ıme Res'v	Diff Res'v
Date Spudded	Date Compl.	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					<u> </u>		****	Depth Casing Shoe		
	CEL CEL TENTO DE CODO									
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			SACKS OF LEVE		
					DEFINSE			SACKS CEMENT		
· . · · · · · · · · · · · · · · · · · ·										
/. TEST DATA AND REQUES	T FOR ALI	OWAR	रा ह		L		,			
				il and must	be equal to or e	reed top allow	unhle for this	denth or he for t	6.11.24 have	· \
Date First New Oil Run To Tank Date of Test					be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)					
ength of Test										
	Tubing Pressur	ubing Pressure			Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbis.			Water - Bbls.			Gas- MCF			
GAS WELL		·		<u></u> 1	``			· · · · · · · · · · · · · · · · · · ·		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensa	te/MMCF		Gravity of Cond	ensale	
esting Method (pitot, back pr.)	Tuhing Pressur	ubing Pressure (Shut-in)				(8)				
					Casing Pressure (Shut-in)			Choke Size		
I. OPERATOR CERTIFICA	TE OF CO	OMPLI	ANO	CE						·····
I hereby certify that the rules and regulation have been complied with and the	ions of the Oil	Conservati	00		.0	IL CONS	SERVA	TION DI	VISIO	N
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved					
miedred Im	· // ,	j			Date A	Approved	<u>fally</u>	3 0 W		
Signature					Ву:				eggenggeren ette ta €	
Mildred Simpkins	Product			st	_,	1,	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ing dilay 6 Sangkaran	- K(14)	
Printed Name 08/07/91	(214) 7	Tit '30-17'			Title					
Date	/	Telepho								

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.

Nearburg Producing Company

Exploration and Production P.O. Box 823085 5447 Glen Lakes Drive Dallas, Texas 75382-3085 214-739-1778 FAX 214-739-4819 June 25, 1991

State of New Mexico Energy, Minerals and Natural Resources Department Oil Conservation Division 1000 W. Broadway Hobbs, New Mexico 88240

> RE: PERLA WELL NO. 1 SECTION 19-T19S-R36E LEA COUNTY, NEW MEXICO

Gentlemen:

Enclosed for the referenced well is the following completion data:

3 copies of Form C-103, Sundry Notices and Reports on Wells 5 copies of Form C-104, Request for Allowable and Authorization to Transport Oil and Natural Gas 5 copies of Form C-105, Well Completion or Recompletion Report and Log

We would like to request that all information, as allowed by State Rules, for the Perla Well No. 1 be for the maximum period of time.

Yours very truly,

NEARBURG PRODUCING COMPANY

Mildred Simpkins
Production Analyst

/ms encls.