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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**

Operator Nearburg Producing Company		Well API No. 30-025-24494
Address P. O. Box 823085, Dallas, Texas 75382-3085		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) RECOMPLETION		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>8-1-91</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE *East Pearl Bone Spring R-9585 10-1-91*

Lease Name Perla	Well No. 1	Pool Name, Including Formation Wildcat Bone Springs	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location Unit Letter <u>J</u> : <u>2,310'</u> Feet From The <u>south</u> Line and <u>1,980'</u> Feet From The <u>east</u> Line Section <u>19</u> Township <u>19S</u> Range <u>36E</u> , 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 Company, Division of Koch Industries, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1558, Breckenridge, Texas 76024	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) 410-B Home Savings & Loan Bldg, Bartlesville, OK 74504	
If well produces oil or liquids, give location of tanks.	Unit <u>J</u> Sec. <u>19</u> Twp. <u>19S</u> Rge. <u>36E</u>	Is gas actually connected? <u>No</u> 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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 2/26/91	Date Compl. Ready to Prod. 5/9/91	Total Depth 12,780'	P.B.T.D. 9,885'					
Elevations (DF, RKB, RT, GR, etc.) 3,691' GR	Name of Producing Formation Bone Springs	Top Oil/Gas Pay 8,891'	Tubing Depth 8,747'					
Perforations 8,893'-904'			Depth Casing Shoe 12,780'					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8" existing	400'	400 sx circulated
12-1/4"	9-5/8" existing	5,345'	2400 sx circulated
8-3/4"	7-5/8" existing	11,230'	1300 sx
6-1/2"	5-1/2" existing	13,063'	270 sx

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 5/9/91	Date of Test 6/23/91	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 442#	Casing Pressure -0-	Choke Size 24/64"
Actual Prod. During Test 146 bbls.	Oil - Bbls. 146	Water - Bbls. -0-	Gas- MCF 306

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
6/24/91 Date
214/739-1778 Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 27 1991

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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.