

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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SANTA FE	
FILE	
U.S.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Nearburg Producing Company

Address  
P.O. Box 31405 Dallas, Texas 75231

Reason(s) for filing (Check proper box)  
☐ New Well  
☐ Recompletion  
☒ Change in Ownership \*\*

Change in Transporter of:  
☐ Oil  
☐ Casinghead Gas  
☐ Dry Gas  
☐ Condensate

Other (Please explain)  
\*\* Effective date 11/27/85.

If change of ownership give name and address of previous owner Chama Petroleum Company P.O. Box 31405, Dallas, Texas 75231

II. DESCRIPTION OF WELL AND LEASE

Lease Name Rett Federal Com Well No. 1-Y Pool Name, including Formation *Laguna Valley Morrow Gas* Kind of Lease State, Federal or Fee Federal Lease No. NM-28880

Location  
Unit Letter *P*: 660 Feet From The South Line and 760 Feet From The East  
Line of Section 23 Township 20S Range 34E NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Navajo Refining Company Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159 Artesia NM 88210

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Phillips Petroleum Company Address (Give address to which approved copy of this form is to be sent) 410-B Home Savings & Loan Bldg. Bartlesville, OK 74004

If well produces oil or liquids, give location of tanks. Unit 23 Sec. 20 Twp. 34 Rge. 34 Is gas actually connected? YES When 12/3/85

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

*Shelley R. Swartzendruber*  
(Signature)  
Regulatory & Production  
(Title)  
12/19/85  
(Date)

OIL CONSERVATION DIVISION

JAN 21 1986

APPROVED \_\_\_\_\_, 19

BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.

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DEC 20 1985  
O.C.D.  
HOBBS OFFICE

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Budget Bureau No. 1004-0135  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO

NM-28880

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Rett Federal Com

9. WELL NO.

1-Y

10. FIELD AND POOL, OR WILDCAT

Und. Morrow Gas

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec 23, 20S, 34E

12. COUNTY OR PARISH 13. STATE

Lea

New Mexico

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐

2. NAME OF OPERATOR

Nearburg Producing Company

3. ADDRESS OF OPERATOR

P.O. Box 31405 Dallas, Texas 75231

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

660' FSL & 760' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3685.4' GL

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Activity

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(NOTE: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

1/20/86: Acidized with 5000 gals 7-1/2% Morrow flo-BC containing 19 tons of CO2. Inject a total of 55 ball sealers in 5 stages. Avg rate 3 bpm on fluid and 1.9 bpm on CO2 at 8300#. Flow well back to pit for 5-1/2 hrs. Recovered 230 BLW with 33 bbls left to recover. Closed in for BU.

1/21/86: Blew well down. FL 4600' from surface. Swabbed est 30 BLW. Swabbing from pkr. SDFN.

1/22/86: Blew well down. Recovered est 1 bbl distillate and 2 BLW. Swabbed est 17 BLW with some distillate. RD swab unit. Closed well in for BU.

1/23/86: Left well closed in for BU.

ACCEPTED FOR RECORD

MAR 28 1986

CARISBAD, NEW MEXICO

18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE Regulatory & Production

DATE

1/24/86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

**RECEIVED**  
APR 1 - 1986  
O.C.D.  
HCBUS OFFICE