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

## 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., Aztec, NM 87410

I.

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator					<u> </u>	371113117	TO TOTAL	1 30-31	ABINI		<del></del>		
Nearburg Producing Company								Well	Well API No. 30-025-31338				
Address P. O. Box 823085, Da	llac T	avac 7	E 202	-2005			· · · · · · · · · · · · · · · · · · ·						
Reason(s) for Filing (Check proper box)	1143, 16	- A G S /	3362	-3065		<b>X</b> 00	ner (Please exp	lain)	·	<del></del>			
New Well			·	_									
Recompletion Oil Dry Gas A Change in Operator Casinghead Gas Condensate							Change in Dry Gas Transporter effective June 6, 1992						
If change of operator give name	Canghe	id Gas	Cond	ensate (				oune o,	1992				
and address of previous operator  The Comparison of West 1	ANDIE	A CVP									<del></del>		
II. DESCRIPTION OF WELL AND LEASE    Lease Name   Well No.   Pool Name, Inclu						ng Formation	<del></del>	Kind	of Lease		ease No.		
Leo 30 Federal Com 1 Osudo M						San and Maria de la			Federal	■ NM55			
Unit LetterJ	, 1,9	80	Feet 1	From The	Sc	outh ,,	e and1,6	50 _		East			
	i <sub>o</sub> 19S			26				F	eet From The		Line		
		<del></del>	Range				МРМ,	<del></del>	Le	ea	County		
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	R OF O	IL Al		TU	RAL GAS							
Texaco Trading and Tr	ansport	or Conde	assie	$\stackrel{\bigstar}{}$		Address (Giv	e address to w	hich approved	copy of this	form is to be se	ent)		
Name of Authorized Transporter of Casinghead Gas or Dry Gas						P. O. Box 3109, Midland, Texas 79702  Address (Give address to which approved copy of this form is to be sent)							
Warren Petroleum Company						P. O.	Box 1150	. Midla	nd. TX	79702	,,u,		
give location of tanks.	Unit			Wp. Rge. 198   36E		Is gas actually connected?			Vhen ? 10/11/91				
If this production is commingled with that IV. COMPLETION DATA	from any oth			ive comm	ingli	ng order numi	ber:		107	11/91			
Designate Type of Completion		Oil Well		Gas Well	ı	New Well	Workover	Deepen	Plue Back	Same Res'v	Diff Res'v		
Date Spudded	- (X) Date Comp	l. Ready to	Prod			Total Depth	Ĺ	<u>i                                     </u>			J. Kesv		
•									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				
		LIDDIO	<u> </u>		_								
HOLE SIZE CASING & TUBING SIZE					D (	CEMENTING RECORD DEPTH SET			21272 251757				
						DEFIN SEI			SACKS CEMENT				
		<del></del>			-			·					
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE	<del></del>		~~~	<del></del>			<del></del>	<del></del>		
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test	al volume o	of load	oil and m	ust b	e equal to or	exceed top allo	wable for this	depih or be fi	or full 24 hour.	s.)		
						Producing Method (Flow, pump, gas lift, etc.)							
Length of Test	Tubing Pressure				1	Casing Pressur	78		Choke Size				
Actual Prod. During Test	Oil - Bbis.				+	Water - Bbls.	· · · · · · · · · · · · · · · · · · ·		Gas- MCF				
		<del></del>			$\perp$								
GAS WELL Actual Prod. Test - MCF/D	1 44 44 47		···			· · · · · · · · · · · · · · · · · · ·							
Actual Prod. Test - MCF/D Length of Test						Bbis. Condens	ate/MMCF		Gravity of Condensate				
esting Method (pitot, back pr.)	iuot, back pr.)  Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size				
/I. OPERATOR CERTIFICA	TEOE	COMP	TAN	CE	-								
I hereby certify that the rules and regular	ions of the C	il Conserv	ation			0	IL CON	SERVA	TION E	IVISIO	N		
Division have been complied with and the is true and complete to the best of my kn	at the inform	ation give	above								•		
7		Jenet,				Date A	Approved		JUL 31	92			
Judy Leamer						<b>D</b>	001011111		/ IFAA: ^-	VICL			
Judy Teames Production Secretary						By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR							
Printed Name  July 28, 1992  214-739-1778						Title							
Date 1992	214-135		hone N					······································	<del></del>	·	******		

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.