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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

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., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.		TO TRA	ANSPO	RT O	IL AND NA	TURAL C	BAS				
Operator NEARBURG PRODUCING				Vell API No. 30-025-27659							
Address P. O. Box 823085,	Dallas,	Texas	75382-	3085						-17	
Reason(s) for Filing (Check proper bo	r)	······································			OU	her (Please exp	olain)		·		
New Well		Change in	Transporte	r of:			·				
Recompletion Change in Operator	Oil Carinaha	-46	Dry Gas		Change	in Cond	lensate	Transpor	rter		
if change of operator give name	Casinghe	ad Gas	Condensat	e X	еттест	ive Sept	tember 1	<u>, 1991.</u>			
and address of previous operator	·										
II. DESCRIPTION OF WELL Lease Name	L AND LE	Well No.	Te								
Maria Foot Maine, In					a Morrow			of Lease Federal		Lease No.	
Location		 	1.40	11034	TIOTION				NM	NM60777	
Unit LetterJ	:3	.300	Feet From	The _	North Lie	e and _1.6	50 r	Feet From The	Ea	stLine	
Section 1 Town	ship 2.	15	Range	32E	<u>, N</u>	МРМ,	Lea			County	
II. DESIGNATION OF TRA	NSPORTE	R OF O	IL AND	NATU	JRAL GAS						
verme or varioused Turnsborter of Off		or Conden	sale X	_	Address (Gir	e address 10 w	hich approve	d copy of this	form is to be	seni)	
Texaco Trading & Transport Name of Authorized Transporter of Casinghead Gas or Dry Gas XX					P. O. Box 3109, Midland, TX 79702						
Llano, Inc.					Address (Give address to which approved copy of this form is to be sent) 600 E John W. Carpenter Fwy, Ste. 201, Irving, TX 75062						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp	Rge	Is gas actuall	y connected?	When	7, 30 0 , 20	T, 11 VIII	y, 11 /5002-	
this production is commingled with th	2) (mm 2nv c)	10000		32E		Yes	i	5/31/	90		
V. COMPLETION DATA	a nom any on	er lease or j	pool, give co	xunnug	hing order num	ber:			 		
Designate Type of Completio	n - (X)	Oil Well	Gas	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Pale Spudded	Date Comp	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
erforations								Depth Casin	g Shoe		
		TIRING A	CASING	AND	CEVENTA	IC PECON			·		
HOLE SIZE	CAS	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			MOVE OF	IENY.	
						<u> </u>	·	+	SACKS CEN	MENT	
			 -			_ · · · · · · · · · · · · · · · · · · ·					
TEST DATA AND REQUE					1		· · · · · ·	<u> </u>			
IL WELL (Test must be after at First New Oil Run To Tank	Date of Tes	al volume o	fload oil an	id must	be equal to or	exceed top allo	wable for this	depth or be fo	or full 24 ho	urs.)	
	Date of 162				Producing Me	thod (Flow, pu	mp, gas lift, e	tc.)			
ength of Test	Tubing Pressure				Casing Pressur	e		Choke Size			
ctual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbls			Gas- MCF		
AS WELL								<u> </u>			
ctual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
(OPED ATOR CERTIFIC	3470000		•			· · · · · · · · · · · · · · · · · · ·					
I. OPERATOR CERTIFIC I hereby certify that the rules and regu Division have been complied with and	lations of the C	il Conserva	tion		0	IL CON	SERVA	ATION E	OIVISIC	NC	
is true and complete to the best of my	knowledge and	belief.			Date /	Approved	i				
	MyRa	ins		_	Ry						
Mildred Simpkins Production Analyst					By						
Printed Name Title					Title_						
		1 erebp	LOGE INO.	ĺ							

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.