

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Nearburg Producing Company		Well API No. 30-025-27659
Address P. O. Box 31405, Dallas, Texas 75231-0405		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Re-Entry
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

Lease Name Minis Federal Com	Well No. 1	Pool Name, Including Formation Hat Mesa Morrow	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> or Fee	Lease No. NMNM60777
Location Unit Letter <u>J</u> : <u>3300</u> Feet From The <u>north</u> Line and <u>1650</u> Feet From The <u>east</u> Line Section <u>1</u> Township <u>21S</u> Range <u>32E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Koch Oil Co., Div. of Koch Industries, Inc.	P. O. Box 1558, Breckenridge, Texas 76024
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Llano, Inc.	600 E. John W. Carpenter Fwy, Ste 201, Irving, TX 75062-3990
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When ?
	J 1 21S 32E Yes 5/31/90

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		<input checked="" type="checkbox"/>						
Date Spudded 2/17/90	Date Compl. Ready to Prod. 3/21/90	Total Depth 14,370'	P.B.T.D. 14,045'					
Elevations (DF, RKB, RT, GR, etc.) 3737.6' GR	Name of Producing Formation Morrow	Top Oil/Gas Pay 13,896'	Tubing Depth 13,700'					
Performances 13,896'-13,922' (2 SPF, 44 holes); 13,946'-13,958' (2 SPF, 25 holes)		Depth Casing Shoe N/A						
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	13-3/8"	507	Existing					
12-1/4"	9-5/8"	4,974	Existing					
8-1/2"	5-1/2"	14,320'	550 sx.					
	2-7/8"	13,700'						

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 1100 MCFD	Length of Test 24 hrs	Bbls. Condensate/MMCF 29	Gravity of Condensate 49.2
Testing Method (prior, back pr.) Back pressure	Tubing Pressure (Shut-in) 2500#	Casing Pressure (Shut-in) N/A	Choke Size 17/64"

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.

Machelle Byrum
Signature
Machelle Byrum Production Secretary
Printed Name
5/30/90
Date
214/739-1778
Telephone No.

OIL CONSERVATION DIVISION

Date Approved 5/30/90
By Chris J. Smith
Title General Mgr.

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.