Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•	T	O TRANS	PORT OIL	AND NAT	URAL GA	AS	B) (1-			
Operator					Weil API No.					
NERDLIHC COMPANY. 1										
337 E. SAN ANTONIO	DRIVE,	LONG BE	ACH, CALI		90807					
Reason(s) for Filing (Check proper box)	·		ter of:	Othe	T (Please explo	ain)				
New Well	Oil	hange in Tra								
Recompletion L	Casinghead	Gas Co	ndensate							
f change of operator give name address of previous operator	ON OPERA	ATIONS C	COMPANY, I	NC., 180	1 BROAD	WAY, STE	. 600, I	DENVER,	CO 80202	
and society of previous operator										
I. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including								Kind of Lease Lease No. State, Federal or Fee NM-12201		
MARCELINA		1	MARCELIN	A/DAKOTA State,			Federal or Fee NM-12201			
Location		• •			. 220	-	. r 71	E	Line	
Unit Letter A	:3	30 Fe	et From The	N Line	and	1·ec	er rom ine _			
Section 24 Township	16N	Ra	nge 10W	, NI	APM,	MC KINLE	<u>Y</u>		County	
	noonten	OF OU	A RUD RIA TELI	DAL CAS						
III. DESIGNATION OF TRANS Name of Authorized Transporter of Oil	SPORTER XX1 C	or Condensate	AND NATU	Address (Giv	address to w	hich approved	copy of this fo	orm is to be se	nt)	
P. O. BOX 1183, HOUSTON, TX 77001										
Name of Authorized Transporter of Casing	head Gas	Or Or	Dry Gas	Address (Giv	address to w	hich approved	copy of this fo	orm is to be se	ent)	
NONE	The state of the s				Is gas actually connected? When ?					
If well produces oil or liquids, give location of tanks.	(i producta on or induser)					i				
If this production is commingled with that f	rom any othe	r lease or poo	l, give comming!	ing order num	рег:					
IV. COMPLETION DATA		. 		New Well	Workover	Deepen	Pino Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	Oil Well	Gas Well	 146m 14611	WOLKOVEI	20070	,	<u> </u>	<u> </u>	
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
•				Top Oil/Gas Pay			Tubing Depth			
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil Old	Top Circuit, Tabling Bopa.			411		
Perforations	<u>l</u>			l			Depth Casir	ng Shoe		
					NO PEGO		<u> </u>		···········	
				CEMENTING RECORD DEPTH SET			SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE									
							<u> </u>			
				<u> </u>			_		,	
V. TEST DATA AND REQUES	T FOR A	LLOWAL	LE .	1						
OIL WELL (Test must be after r	ecovery of tol	ial volume of	load oil and mus	be equal to o	exceed top a	llowable for th	is depth or be	for full 24 ho	ws.)	
Date First New Oil Run To Tank	te First New Oil Run To Tank Date of Test			Prod D March T. A. A. C. A.			17 1			
Length of Test	Tubing Pres	ECOLOR		Casi	ure		hoke Size)		
Length of Tex	Tuoing Free	88010			JUN1 4	1990				
Actual Prod. During Test	Oil - Bbls.			Water - Bbl	L CON	J DIV	Gas- MCF			
	<u> </u>				DIST		_1			
GAS WELL		 		Dhie Conde			Gravity of	Condensate		
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			The state of the s			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
				_[<u> </u>			
VI. OPERATOR CERTIFIC					വഥവ	NSERV	/ATION	DIVISI	ON	
I hereby certify that the sules and regulations of the Oil Conservation Division have been complied with and that the information given above				OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.				Date ApprovedJUN 2 2 1990						
NERDLIHC COMPANY, INC	ر کون	11			o , ippiot			1		
By: Jom E. Litell and					By 3.1) day					
Signaturé TOM E. KNOWLTON		RESIDEN				SUPER	VISOR DI	STRICT	# a	
Printed Name / (7)		213)422-	Title	Titl	9				# J	
Date			-12/1 Thone No.							

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.

