Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: NERDLIHC COMPANY, INC.

Well API No.:

Address: 337 E. SAN ANTONIO DRIVE, LONG BEACH, CALIFORNIA 90807

Reason(s) for Filing (Check proper box)

- New Well ☐
- Recompletion ☐
- Change in Operator ☐
- Change in Transporter of: Oil XX Dry Gas ☐; Casinghead Gas ☐ Condensate ☐
- Other (Please explain) ☐

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
MARCELINA	5	MARCELINA/DAKOTA		NM-12201

Location: Unit Letter A : 990 Feet From The N Line and 330 Feet From The E Line

Section 24 Township 16N Range 10W, NMPM, McKINLEY County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil XX or Condensate ☐: GIANT REFINING COMPANY

Address (Give address to which approved copy of this form is to be sent): P.O. BOX 256, FARMINGTON, NM 87499

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐: NONE

Address (Give address to which approved copy of this form is to be sent):

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	A	24	16N	10W	NO	

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

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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

RECEIVED
DEC 10 1990
OIL CON. DIV.
DIST. 3

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Tom E. Knowlton
Signature

TOM E. KNOWLTON — PRESIDENT
Printed Name — Title

(213) 422-1271
Telephone No.

Date 12-3-90

OIL CONSERVATION DIVISION

Date Approved DEC 10 1990

By Bill D. Shaw

Title SUPERVISOR DISTRICT # 3

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.

Form 9-330
(Rev. 5-63)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE* (See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL [X] GAS WELL [ ] DRY [ ] Other

b. TYPE OF COMPLETION: NEW WELL [X] WORK OVER [ ] DEEP-EN [ ] PLUG BACK [ ] DIFF. RESVR. [ ] Other

2. NAME OF OPERATOR: William G. Gill, Agent

3. ADDRESS OF OPERATOR: 430 Wilson Building, Corpus Christi, TX 78401

4. LOCATION OF WELL (*Report location clearly and in accordance with any State requirements*)*
At surface: 990' FNL, 330' FEL, Sec. 24, T16N, R10W, NMPM
At top prod. interval reported below: Same
At total depth: Same

5. LEASE DESIGNATION AND SERIAL NO.: NM 12201

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME:

8. FARM OR LEASE NAME: Marcelina

9. WELL NO.: 5

10. FIELD AND POOL, OR WILDCAT: Marcelina/Dakota "A"

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA: 24, 16N, 10W, NMPM

14. PERMIT NO.: | DATE ISSUED: 7-18-77

12. COUNTY OR PARISH: McKinley | 13. STATE: NM

15. DATE SPUDDED	16. DATE T.D. REACHED	17. DATE COMPL. (*Ready to prod.*)	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*	19. ELEV. CASINGHEAD
8-1-77	8-5-77	10-3-77	7165' RKB	7161'

20. TOTAL DEPTH, MD & TVD	21. PLUG, BACK T.D., MD & TVD	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY	ROTARY TOOLS	CABLE TOOLS
2020'	2000'	---	→	2020'	0

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*: 1740' to 1774' Dakota "A"

25. WAS DIRECTIONAL SURVEY MADE: Straight hole TOTCC Less than 1°,

26. TYPE ELECTRIC AND OTHER LOGS RUN: IEL, CDL/GR & Mud Log

27. WAS WELL CORED: No

28. CASING RECORD (*Report all strings set in well*)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
7 5/8"	26.4	90'	9 7/8"	82 sx Class B to surface	0
4 1/2"	10.5	2000'	6 3/4"	200 sx Class B to surface	0

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)
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30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2-1/16" IJ	1770'	---

31. PERFORATION RECORD (*Interval, size and number*)
1746' to 1760'
3/32" jet
16 holes

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
1746' to 1760'	Fraced w/22,000 lbs 20/40 sd in 18,000 gals KCl water.

33.* PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (*Flowing, gas lift, pumping—size and type of pump*)	WELL STATUS (*Producing or shut-in*)
10-6-77	pumping w/1 1/4" H-F insert rod pump.	Producing

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD →	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE →	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)

34. DISPOSITION OF GAS (*Sold, used for fuel, vented, etc.*)

TEST WITNESSED BY

RECEIVED OCT 28 1977 OIL CON. COM. DIST. 3

35. LIST OF ATTACHMENTS: Mud Log. (IEL & CDL/GR furnished 8-5-77)

OCT 27 1977

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records.

SIGNED: William G. Gill, Ag | TITLE: Geologist | DATE: 10-7-77

*(See Instructions and Spaces for Additional Data on Reverse Side)

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: *"Sacks Cement":* Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES:
SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
1st Hospah	794'	908'	Sandstone. Show of oil. Water
Massive Gallup ss	908'	1043'	Sandstone. Fine grain sandstone. Slight show of oil. Water.
Dakota ss	1740'	T.D.	Sandstone. Oil, gas, water.

38. GEOLOGIC MARKERS

NAME	TOP MEAS. DEPTH	TOP TRUE VERT. DEPTH
Hosta	278'	Same
Dalton	506'	"
1st Hospah	794'	"
2nd Hospah	824'	"
Massive Gallup	908'	"
L. Mancos sh.	1043'	"
Greenhorn ls.	1644'	"
Graneros sh.	1700'	"
Dakota	1740'	"

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