

OIL CONSERVATION DIVISION

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

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

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

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) ☐ Other (Please explain)		
New Well ☐	Change in Transporter of:	
Recompletion ☐	Oil ☒ Dry Gas ☐	
Change in Operator ☐	Casinghead Gas ☐ Condensate ☐	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name MARCELINA	Well No. 5	Pool Name, Including Formation MARCELINA/DAKOTA	Kind of Lease State, Federal or Fee	Lease No. 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 ☒ 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 A	Sec. 24
	Twp. 16N	Rge. 10W
	Is gas actually connected? NO When ?	

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.	Loss - MCF

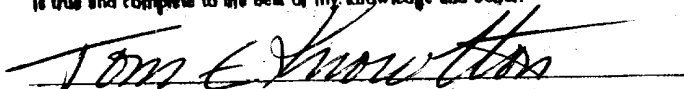
OIL CON. DIV.
DIST. 3

GAS WELL

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

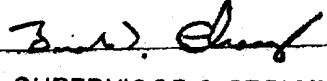
VI. OPERATOR CERTIFICATE OF COMPLIANCE

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.


Signature
TOM E. KNOWLTON PRESIDENT
Printed Name
Date **12-3-90**
Telephone No. **(213) 422-1271**

OIL CONSERVATION DIVISION

Date Approved **DEC 10 1990**

By 
Title **SUPERVISOR DISTRICT #3**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

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

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ Other ☐					7. UNIT AGREEMENT NAME 						
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other ☐					8. FARM OR LEASE NAME Marcelina						
2. NAME OF OPERATOR William G. Gill, Agent					9. WELL NO. 5						
3. ADDRESS OF OPERATOR 430 Wilson Building, Corpus Christi, TX 78401					10. FIELD AND POOL, OR WILDCAT Marcelina/Dakota "A"						
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					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 8-1-77		16. DATE T.D. REACHED 8-5-77		17. DATE COMPL. (Ready to prod.) 10-3-77		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 7165' RKB		19. ELEV. CASINGHEAD 7161'			
20. TOTAL DEPTH, MD & TVD 2020'		21. PLUG, BACK T.D., MD & TVD 2000'		22. IF MULTIPLE COMPL., HOW MANY* ---		23. INTERVALS DRILLED BY ---		ROTARY TOOLS 2020'			
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) 1746' to 1760'						AMOUNT AND KIND OF MATERIAL USED Fraced w/22,000 lbs 20/40 sd in 18,000 gals KCl water.					
33. PRODUCTION											
DATE FIRST PRODUCTION 10-6-77		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) pumping w/1 1/4" H-F insert rod pump.						WELL STATUS (Producing or shut-in) Producing			
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD		OIL—BBL.		GAS—MCF.	
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL.		GAS—MCF.		WATER—BBL.	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)											
35. LIST OF ATTACHMENTS Mud Log. (IEL & CDL/GR furnished 8-5-77)											
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records.											
SIGNED <i>William G. Gill</i>				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 manner of its completion shall be submitted, particularly with regard to local, area, or regional procedures and practices, either as shown below or will be issued by, or may be obtained from the local, area, 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.) of 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 area markers 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 production 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				38. GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE TEST DEPTH
1st Hospah	794'	908'	Sandstone. Show of oil. Water	Hosta Dalton 1st Hospah 2nd Hospah	278' 506' 794' 824'	Same " " "
Massive Gallup ss	908'	1043'	Sandstone. Fine grain sandstone. Slight show of oil. Water.	Massive Gallup L. Mancos sh. Greenhorn ls. Graneros sh. Dakota	908' 1043' 1644' 1700' 1740'	" " " " "
Dakota ss	1740'	T.D.	Sandstone. Oil, gas, water.			