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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

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

NSTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REO	UEST F	OR AL	I OWAB	LE AND	AUTHORIZ	ATION					
REQUEST FOR ALLOWABLE AND AUTHORIZATED TO TRANSPORT OIL AND NATURAL GAS							S					
perator							Well A	Well API No.				
NERDLIHC COMPANY.	INC											
Address 337 E. SAN ANTONIO	DRIVE	, LONG	BEACH	i, CALI	FORNIA	90807						
Reason(s) for Filing (Check proper box)		<u> </u>			Ot	het (Please explai	in)					
New Well		Change in		(-1								
Recompletion	Oil		Dry Gai									
Change in Operator XXX	Casinghe	ad Gas	Conden	sale 📗					ENVED	CO 80202		
f change of operator give name nd address of previous operator DEVCO	ON OPE	RATION	S COM	PANY, I	NC., 18	301 BROADW	AY, STE	. 600, 1	JENVEK,	CO 80202		
I. DESCRIPTION OF WELL A	ND LE		15 11	1 1 1			Kind c	of Lease	14	ase No.		
Lease Name					xding Formation lina/Dakota			State, Federal or Fee NM-12201				
Marcelina		1		nai Cell	IIa/ Dake							
Location	. 165	50			Iorth :	ne and <u>330</u>	Fa	et From The	East	Line		
Unit LetterH	:10_		_ Feet Fr	om the	<u>oren</u> u	ne and		Ct 1 10111 1110 2				
Section 24 Township	161	<u> </u>	Range	10W	,]	MPM, Mc	Kinley			County		
III. DESIGNATION OF TRANS	SPORT	ER OF C	IL AN	D NATU	RAL GAS	ine address to wh	ich annemed	cany of this fo	orm is to be se	ni)		
Name of Authorized Transporter of Oil	KXX	or Conde	ensate .		Address (Give address to which approved of					•		
PERMIAN CORPORATION	heed Cos			or Dry Gas		P. O. BOX 1183, HOUS			oved copy of this form is to be sent)			
Name of Authorized Transporter of Casing	nead Cas	LJ	Of Dig		7.02.00							
NONE If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	ls gas actus	illy connected?	When	7				
give location of tanks.	Н	24	16N	10W_	NO							
If this production is commingled with that I	rom any c	ther lease o	r pool, giv	e commingl	ing order nu	mber:						
IV. COMPLETION DATA							·		(haire mustic		
	(10)	Oil We	ar (Gas Well	New Wel	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion		!			Total Dept	<u>, l </u>	L	P.B.T.D.	<u> </u>	_1		
Date Spudded	Date Co	mpl. Ready	to Proa.		Total Depa			1.6.1.2.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Ga	Top Oil/Gas Pay			Tubing Depth			
Perforations	l	·						Depth Casing Shoe				
								<u> </u>				
	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			1	SACKS CEMENT			
HOLE SIZE								SAONS OF MENT				
					<u></u>			-				
	<u> </u>							 				
	-				-							
V. TEST DATA AND REQUE	FOR	ALLOV	VABLE		<u></u>							
OIL WELL (Test must be after t	ecovery o	f total volun	ne of load	oil and mus	s be equal to	or exceed top all	owable for th	is depth or be	for full 24 ho	urs.)		
Date First New Oil Run To Tank	Date of				Producing	Method (Flow, pr	ump, gas lift,	elc.)				
Length of Test	Tubing Pressure				Cas Cressin & E I V E			Choke Size				
					Water B	JUN1 4 1		Gas- MCF				
Actual Prod. During Test	Oil - Bt	ols.			water - D							
CARNELL					0	IL CON.	DIV			** *		
GAS WELL Actual Frod. Test - MCF/D	Length of Test				Bbls. Con	Bbls. Condensa CISTF 3			Condensate			
Actual Floor Feet Theory	Length of Yest								1			
lesting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFIC	CATE (OF CON	APLIA	NCE			NSEDI	/ΔΤΙΩΝ	ואומו	ON.		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						OIL CONSERVATION DIVISION						
Division have been complied with and is true and complete to the best of my	i that the i	ntormation te and belief	given abo [.	ve	_			JUN 2 2	2 1990			
NERDLING COMPANY, INC		,	11		II Da	ate Approve	ea					
By: 19711 (V	1118	1/97	1	7/	_		3.	() 6	0 /			
Signature	v bt		- 		B)	/		<u>~ </u>	meny			
TOM E. KNOWLTON Printed Name	-	PRESI	Title		∥ ті	tle	SUPE	RVISOR	DISTRICT	#3		
Date ()		(213)4	22-12 Telephone	71 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.

