Submit 5 Copies
Appropriate District Office
DISTRICT |
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, Antesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

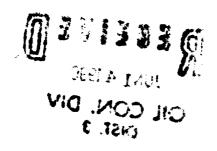
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•						TURAL G					
• Operator	AID NA	, or ize di	Well /	API No.	Pl No.						
NERDLIHC COMPANY	_INC.										
Address		LONG	DEAC	ru CAII	FORNTA	90807					
337 E. SAN ANTON		LUNG	DEA	on, CALI		es (Please expl	lain)				
Reason(s) for Filing (Check proper box) New Well		Change in	Transo	orter of:		or to reme expe					
Recompletion	Oil	· · · · · · · · · · · · · · · · · · ·	Dry G	F1							
Change in Operator XXX	Casinghead		Conde								
change of operator give name	VCON OPER	ATIONS	COL	MPANY, 1	NC., 18	01 BROAD	WAY, STE	E. 600, I	ENVER,	CO 8020	
address of frevious operator				<u></u>							
I. DESCRIPTION OF WELL	L AND LEA	SE	D1 \	Mana Indust	Cometica		Kind	of Lease	1.	ease No.	
Lease Name		Well No. Pool Name, Includin 8 MARCELINA						Federal or Fee			
BULLSEYE Location			1.11	HODD III	, Britto III						
Unit LetterD	:330		Feet F	rom The No	rth Lie	e and99	90F	et From The _	West	Line	
Section 19 Towns	ship 16N		Range	9W	, N	мрм, МсК	inley			County	
	NODODEE			AITS BLATTE	DAT (746						
II. DESIGNATION OF TRA		or Condens		NU NATU	Address (Gi	e address to w	hick approved	copy of this fo	rm is to be se	nt)	
Name of Authorized Transporter of Oil		OI COLOCII		. 🗀	Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Cas	inghead Gas		or Dry	y Gas	Address (Give address to which approved			copy of this fo	copy of this form is to be sent)		
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	ls gas actual	y connected?	When	7			
ive location of tanks.	D	19	161	•	No						
this production is commingled with th	at from any oth	er lease or p	pool, g	ive commingl	ing order nur	ber:	 				
V. COMPLETION DATA								·			
Designate Type of Completic	on - (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	ol. Ready to	Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Dep	Tubing Depth		
Perforations					<u> </u>			Depth Casing Shoe			
CHARGOIR								•	_	•	
TUBING, CASING AN					CEMENTING RECORD						
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
									· · · · · · · · · · · · · · · · · · ·		
V. TEST DATA AND REQU	EST FOR /	HOW	ADI	r	<u> </u>			_L			
V. TEST DATA AND REQU OIL WELL (Test must be after	ESIFOR F	ALLOW !	of load	ıs d oil and musi	be equal to o	r exceed top al	llowable for th	de de or be	for full 24 how	urs.)	
OIL WELL (Test must be after recovery of total volume of load oil and Date First New Oil Run To Tank Date of Test					Producing	the F	74 84 if	1c.			
						1 50					
Length of Test	Tubing Pre	ssure			Casing Par	b	A 1000	Choice Size			
						JUNI	4 1990	Gas. MCE			
Actual Prod. During Test	Oil - Bbls.				Water - Bbl	OIL C	ON. D	IA			
						OIL O	151. 3		······································		
GAS WELL		m:-:			1602 752 1			Crawler at	ondenenta		
Actual Prod. Test - MCF/D	Length of	Length of Test				Bbls. Condensate/MMCF			Condensate		
Testing Method (pitos, back pr.)	Tubing Pr	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
				\	 						
VI. OPERATOR CERTIF						OIL CO	NSERV	ATION	DIVISION	NC	
I hereby certify that the rules and re Division have been complied with:								JUN 22			
is true and complete to the best of a	my knowledge a		- M - BUT	- • •	Det	a Annrai	od	UUII A A	1000		
NERDLIHC COMPANY, I		1				e Approv			1 /		
BG TAME GIRLIETTS							سنده	n), B	hang.		
Signature		***************************************		-	∥ By		SUPE	RVISOR	ISTRICT	#3	
TOM E. KNOWLTON Printed Name		PRESIDE	ENT_ Title	•	 	_					
11/5/97	C	213)422			Titl	9					
Date			ephon		11						

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.



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