File

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

FEB 15 1976

Brooks Exploration Incorporated

1005 Western Federal Savings Bldg., 718-17th Street, Denver, Colorado 80202

Reason(s) for filing *(Check proper box)*

New Well	X	Change in Transporter of:			
Recompletion		Oil		Dry Gas	
Change in Ownership		Casinghead Gas		Condensate	

Other *(Please explain)*

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Clyde Berlier	2	Wagon Mound - Dakota	State, Federal or Fee Fee	

Location

Unit Letter A ; 990' Feet From The North Line and 990' Feet From The East

Line of Section 23 Township 21N Range 21E , NMPM, Mora County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate	Address *(Give address to which approved copy of this form is to be sent)*
Name of Authorized Transporter of Casinghead Gas or Dry Gas X	Address *(Give address to which approved copy of this form is to be sent)*
Raton Natural Gas Company	1115 So. Second, Raton, N.M. 87740

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					Yes	4-9-76

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.
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
9-18-75	9-30-75	390'	
Elevations *(DF, RKB, RT, GR, etc.,*	**Name of Producing Formation**	**Top Gas/Oil Pay**	**Tubing Depth**
6200 GR. (Est.)	Dakota	358	None
Perforations			**Depth Casing Shoe**
Open Hole			358'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	
13 3/4"	10 3/4"	42'	Mudded to surface.
8 3/4"	7"	358'	Reg.cmt. squeezed.

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	**Tubing Pressure**	**Casing Pressure**
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
236.5	1 Hour	None	
Testing Method *(pitot, back pr.)*	**Tubing Pressure** (Shut-in)	**Casing Pressure** (Shut-in)	**Choke Size**
4-Point (BP)	5.13#		1 1/4"

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

O. Brooks
(Signature)
President
(Title)
4-12-76
(Date)

OIL CONSERVATION COMMISSION

APPROVED April 19, 1976

BY Carl Ulvog

TITLE SENIOR PETROLEUM GEOLOGIST

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.