

OIL CONSERVATION DIVISION

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SANTA FE, NEW MEXICO 87501

FEB 4 1985

REQUEST FOR ALLOWABLE
AND

O. C. D. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Bill G. Isler

Address

123 Three Cross, Roswell, NM 88201

Reason(s) for filing (Check proper box)

New Well ☒Recompletion ☐Change in Ownership ☒

Change in Transporter of:

Oil ☒Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

Berge Exploration, 7100 N. Broadway, Denver, CO 80221

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Dale-Federal	9	Leslie Spring, San Andres	Federal	LC-67811
Location				
Unit Letter	G	1650 Feet From The North Line and	1650 Feet From The East	
Line of Section	26	T. Township	7 South Range	26 East, NMPM, Chaves

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Navajo Crude Oil	P. O. Box 175, Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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
	G	26	7S	26E	No	

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
X								
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
4-7-65	11-6-65	1511						
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3805 GL	Slaughter, San Andres	1486	1500					
Perforations			Depth Casing Shoe					
			1460					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8 5/8"	101	100 SX
8"	5 1/2"	1460	150 SX
	2 3/8"	1500	

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 of
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	Post-ED 3
11-6-65	11-6-65	Pump	2-8-85
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.			
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	5 bbls	14 bbls	TSTM

GAS WELL

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

I. 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)

OCCURRED

(Title)

FEB-3-1985

(Date)

OIL CONSERVATION DIVISION

FEB 6 1985

APPROVED _____, 19____

BY _____ Original Signed By

Leslie A. Clements

TITLE _____ Supervisor District II

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

If this is a request for allowable for a newly drilled or deep
well, this form must be accompanied by a tabulation of the dev
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of o
well name or number, or transporter, or other such change of concSeparate Forms C-104 must be filed for each pool in m
compleated wells.