

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

Form C-104
Revised 10-1-78

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SANTA FE	<input checked="" type="checkbox"/>
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USUB.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	
REGISTRATION OFFICE	
Operator	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASO. C. D.
ARTESIA, OFFICE

Berge Exploration, Inc.

Address

7100 N. Broadway, Ste. 2-L, Denver, CO 80221

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

CASINGHEAD GAS MUST NOT BE
FILED AFTER 30 DAYS
UNLESS AN EXCEPTION FROM RULES
IS OBTAINEDIf change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Dale-Federal	10	Leslie Spring, San Andres	State, Federal or Fee Federal	LC-067811A
Location				
Unit Letter	I	990 Feet From The East Line and 1650 Feet From The South		
Line of Section	26	T. Wnship 7 South Range 26 East	NMPM, Chaves	County

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. Drawer 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
	J	26	7S	26E		

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'v.
(X)	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
6/3/82	10/9/82	2003	1966					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3833.8 GL	San Andres	1486'	1740					
Perforations			Depth Casing Shoe					
2 SPF @ 1486, 1495, 1499, 6 holes @ .40"			1996					
4 SPF @ 1502-1506, 1728-1734, 40 holes @ .40"								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	202'	200 SX
6 3/4"	4 1/2"	1996'	205 SX

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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
8/4/82	10/8/82	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	N/A	N/A	N/A
Actual Prod. During Test	Oil-Bble.	Water-Bble.	Gas-MCF
4.10 bbl fluid	0.58	3.52	N/A

GAS WELL

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

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.

OIL CONSERVATION DIVISION

APPROVED NOV 30 1982, 19
Original Signed By
BY Leslie A. Clements
TITLE Supervisor District 4

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.

Separate Forms C-104 must be filed for each pool in multiple.

Holly L. Morris
(Signature)Geologist
(Title)Nov 10, 1982
(Date)