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LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

RECEIVED BY
FEB 4 1985
O. C. D. REQUEST FOR ALLOWABLE
ARTESIA, OFFICE AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

1. Operator Bill G. Isler

Address 123 Three Cross Drive, Roswell, NM 88201

Reason(s) for filing (Check proper box)

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

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 <u>Dale-Federal</u>	Well No. <u>10</u>	Pool Name, including Formation <u>Leslie Spring, San Andres</u>	Kind of Lease <u>Federal</u> State, Federal or Fee	Lease No. <u>LC-0678</u>
Location Unit Letter <u>I</u> : <u>990</u> Feet From The <u>East</u> Line and <u>1650</u> Feet From The <u>South</u> Line of Section <u>26</u> Township <u>7 South</u> Range <u>26 East</u> NMPM, <u>Chaves</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Navajo Crude Oil</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Drawer 175, Artesia, NM 88210</u>
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
	<u>J 26 75 26E</u>

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. R. <input type="checkbox"/>		
Date Spudded <u>6-3-82</u>	Date Compl. Ready to Prod. <u>10-9-82</u>	Total Depth <u>2003</u>	P.B.T.D. <u>1966</u>
Elevations (DF, RKB, RT, CR, etc.) <u>3833.8 GL</u>	Name of Producing Formation <u>San Andres</u>	Top Oil/Gas Pay <u>1486'</u>	Tubing Depth <u>1740</u>
Perforations <u>2 SPF @ 1486, 1495, 1499, 6 holes @ .40"</u> <u>4 SPF @ 1502-1506, 1728-1734, 40 holes @ .40"</u>			Depth Casing Shoe <u>1966</u>
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4"</u>	<u>8 5/8"</u>	<u>202'</u>	<u>200 SX</u>
<u>6 3/4"</u>	<u>4 1/2"</u>	<u>1966'</u>	<u>205 SX</u>

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 hole for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <u>8-4-82</u>	Date of Test <u>10-8-82</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	Choke Size <u>N/A</u>
Length of Test <u>24 hrs.</u>	Tubing Pressure <u>N/A</u>	Casing Pressure <u>N/A</u>	Gas-MCF <u>N/A</u>
Actual Prod. During Test <u>4.10 bbl fluid</u>	Oil-Bbls. <u>.58</u>	Water-Bbls. <u>3.52</u>	

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

III. 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]
(Signature)
[Signature]
(Title)
FEB 3 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 5 1985, 19

BY [Signature] 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 a well on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.
Separate Forms C-104 must be filed for each pool in multiple completed wells.