

OIL CONSERVATION DIVISION

P. O. BOX 2988

SANTA FE, NEW MEXICO 87501

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U.S.O.B.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	
Operator	

RECEIVED BY

FEB 4 1985

REQUEST FOR ALLOWABLE
AND

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

ARTESIA, OFFICE

Bill G. Isler

Address

123 Three Cross Drive, Roswell, NM 88201

Reason(s) for filing (Check proper box)

New Well ☒

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

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Worley-Federal	Well No. 1	Pool Name, Including Formation Leslie Spring, San Andres	Kind of Lease Federal State, Federal or Fee	Lease N NM-437
Location				
Unit Letter <u>E</u> : <u>330</u> Feet From The <u>West</u> Line and <u>2970</u> Feet From The <u>South</u>				
Line of Section <u>25</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"/>	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 J	Sec. 26	Twp. 7S	Rge. 26E	Is gas actually connected?	When

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. Bar <input type="checkbox"/>
Date Spudded 1-28-82	Date Compl. Ready to Prod. 10-9-82	Total Depth 1863'		P.B.T.D. 1854'				
Elevations (DF, RKB, RT, CR, etc.) 3856.4 GL	Name of Producing Formation San Andres		Top Oil/Gas Pay 1521		Tubing Depth 1800			
Perforations 24 holes @ 1521-1527, 48 holes @ 1528-1536, 8 holes @ 1539-1541, 4 holes @ 1544, 8 holes @ 1549-1551, 32 holes @ 1555-1563, 24 holes @ 1762					Depth Casing Shoe 1861			
1782 all holes size					1770-			
CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
10"		8 5/8"		253'				
8"		4 1/2"		1861'				
		2 3/8"		1800'				

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

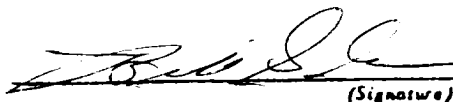
Date First New Oil Run To Tanks 7-9-82	Date of Test 10-8-82	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure N/A	Casing Pressure N/A	Choke Size N/A
Actual Prod. During Test 6.52 bbl fluid	Oil-Bbls. 0.29	Water-Bbls. 6.23	Gas-MCF N/A

GAS WELL

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

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 6 1985

BY Original Signed By

Leslie A. Clements

TITLE Supervisor District II

This form is to be filed in compliance with rules and regulations of the Oil Conservation Division. If this is a request for allowable for a newly drilled well, this form must be accompanied by a tabulated tests taken on the well in accordance with NMAC for all wells.

All sections of this form must be filled out completely on new and recompleted wells. Fill out only Sections I, II, III, and VI free of conditions well name or number, or transporter, or other such past in multiple forms C-104 must be filled for recompleted wells.