

## OIL CONSERVATION DIVISION

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FEB 4 1985

REQUEST FOR ALLOWABLE

O. C. D. AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

ARTESIA, OFFICE

Operator  
Bill G. IslerAddress  
123 Three Cross Drive, Roswell, NM 88201

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	
Change in Ownership <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"/>	

If change of ownership give name and address of previous owner: Berge Exploration, 7100 N. Broadway, Denver, CO 80221

## DESCRIPTION OF WELL AND LEASE

Lease Name Worley-Federal	Well No. 2	Pool Name, Including Formation Leslie Spring, San Andres	Kind of Lease State, Federal or Fee Federal	Lease No. NM 4371
Location				
Unit Letter K	330	Feet From The West	Line and 1650	Feet From The South
Line of Section 25	Township 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"/> Navajo Crude Oil	Address (Give address to which approved copy of this form is to be sent) 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? <input type="checkbox"/>	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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 6-22-82	Date Compl. Ready to Prod. 10-9-82	Total Depth 2063	P.B.T.D. 2040					
Elevations (DF, RKB, RT, GR, etc.) 3853.6 GL	Name of Producing Formation San Andres	Top Oil/Gas Pay 1528	Tubing Depth 1791					
Perforations Perf w/2 SPF @ 1528, 1533, 1538.5, 1543, 1550, 1554, 1557,, 1559, 1561.5, 1566, 1569, 1573, 1729, 1732, 1736, 1763			Depth Casing Shoe 2062					
1766, 1770, 1773, 1782.5, TUBING, CASING, AND CEMENTING RECORD 42 holes @ .40"								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8"	DEPTH SET 201.74	SACKS CEMENT 156 sx. circ. 8 sx					
6 3/4"	4 1/2"	2062.	240 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)


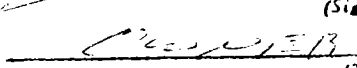
Date First New Oil Run To Tanks 8-7-82	Date of Test 10-9-82	Producing Method (Flow, pump, gas lift, etc.) Pump	Net IP 2-8-85 15.4 bbl
Length of Test 24 hrs.	Tubing Pressure N/A	Casing Pressure N/A	Choke Size N/A
Actual Prod. During Test 3.69	Oil-Bbls. .28	Water-Bbls. 3.41	Gas-MCF N/A

## GAS WELL

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

  
(Signature)  
  
(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 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 multiply completed wells.