STATE OF NEW MÉXICO Form C-104 Revised 10-1-78 ERGY AND MINERALS DEPARTMENT OIL CONSERVATION DIVISION RECEIVED P. O. DOX 2088 DISTRIBUTION SANTA FE, NEW MEXICO 87501 FAMIA FE JUL 22 1982 FILE Z V LAND OFFICE REQUEST FOR ALLOWABLE O. C. D. AND TAAHSPORTER AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS ARTESIA, OFFICE OPERATION PADRATION OFFICE (nerotot Berge Exploration, Inc. Addiess 80221 7100 N. Broadway, Ste. 2-L, Denver, Colorado Other (Please explain) Reason(s) for filing (Check proper box) Change in Transporter of: New Well Dry Gas Recompletion Condensate Casinghead Gas Change in Ownership If change of ownership give name and address of previous owner ____ DESCRIPTION OF WELL AND LEASE.
| Well No. | Pool Name, Including Formation Dale Felical Stote, Federal or Fee Federal **LG-**067811-A Undesignated Abo 660 Feet From The North Line and 660 Feet From The Ronge 26 East , NMPM, Chaves T mahip 7 South Line of Section DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Nome of Authorized Transporter of Cil Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas X P. O. Box 2521, Houston, Texas Transwestern Pipeline Company When 2-8-83 Is gas actually connected? If well produces oil or liquids, give location of tanks. No yes If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Same Res'v. Diff. Res'v Plug Back Workover Deepen New Well Gas Well Designate Type of Completion - (X) P.B.T.D. Date Compl. Ready to Prod. Total Depth Date Spudded 4728 L 4800' 4-19-82 3-23-82 Tubing Depth Top Oil/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) 4487° 4150 1/527 Abo 3761' G.L. Depth Casing Shoe 4775^t 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50 1 JSPF 4539, TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE 888' 500 sx8-5/8" 12-1/4" 4775° $500 \, \mathrm{sx}$ 7-7/8" 4487 (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours) TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Casing Preseure Tubing Pressure I south of Test Gos-MCF Water - Bbls. Oil-Bhis. Actual Pred. During Test GAS WELL Gravity of Condensate Bbls. Condensate/MMCF Actual Frod. Tast-MCF/D Longth of Teet -0-24 hr 1848.2 Choke Size Cosing Pressure (Shut-1n) Tubing Pressure (Ehut-in) Testing Method (pitot, back pr.) 43" 979 4 Point Back Pressure OIL CONSERVATION DIVISION CERTIFICATE OF COMPLIANCE APPROVED FEB 1 8 1983 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. Original Signed By Lealis A. Classont Supervisor District II TITLE -This form is to be filed in compliance with RULE 1104, If this is a request for allowable for a newly drilled or desp well, this form must be accompenied by a tabulation of tests taken on the well in accordance with AULE 111. Lighted on of the deviction All sections of this form must be filled out completely for allow able on new and recompleted wells, (Title)

July 20, 1982

(Date)

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

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