

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

NOV 15 1982

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.

ARTESIA OFFICE

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

Operator
Berge Exploration, Inc.Address
7100 N. Broadway, Ste. 2-L, Denver, CO 80221

Reason(s) for filing (Check proper box)

New Well ☒
Recompletion ☐
Change in Ownership ☐Change in Transporter of:
Oil ☐
Casinghead Gas ☐Dry Gas ☐
Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Dale-Federal	Well No. 11Y	Pool Name, Including Formation Leslie Spring, San Andres	Kind of Lease State, Federal or Fee Federal	Lease No. LC-067811
Location Unit Letter J : 2308 Feet From The East Line and 1661 Feet From The South Line of Section 26 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 Sec. Twp. Rge. J 26 7S 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'y. <input type="checkbox"/> Diff. Res'y. <input type="checkbox"/>
Date Spudded 6/15/82	Date Compl. Ready to Prod. 10/9/82	Total Depth 2016
Elevations (DF, RKB, RT, GR, etc.) 3818.7 GL	Name of Producing Formation San Andres	Top Oil/Gas Pay 1568
Perforations 1568-1574 24 holes @ .40" 1676-1700 96 holes @ .40"		Tubing Depth 1734 Depth Casing Shoe 2012

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	200'	65 SX
6 3/4"	4 1/2"	2012'	192 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 8/23/82	Date of Test 10/9/82	Producing Method (Flow, pump, gas lift, etc.) Pump
Length of Test 24 hrs.	Tubing Pressure N/A	Casing Pressure N/A
Actual Prod. During Test 12.60	Oil-Bble. 0.71	Water-Bble. 11.89
		Choke Size N/A
		Gas-MCF N/A

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (psig, 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.

Holly L. Morris

(Signature)

Geologist

(Title)

Nov. 11, 1982

(Date)

OIL CONSERVATION DIVISION

DEC 28 1982

APPROVED

BY *Michael Williams*
TITLE OIL AND GAS INSPECTOR

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 deviated tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of ownership, well name or number, or transporter, or other such change of conditions.

Separate Forms C-104 must be filed for each pool in multiply completed wells.