

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator  
NERCO OIL AND GAS, INC.

Address  
8100 N. E. PARKWAY DRIVE, VANCOUVER, WASHINGTON 98662

Reason(s) for filing (Check proper box)	Other (Please explain):
New Well <input type="checkbox"/>	CHANGE NAME AND ADDRESS TO ABOVE:
Recompletion <input type="checkbox"/>	FORMER NAME OF COMPANY WAS CLEMENTS
Change in Ownership <input checked="" type="checkbox"/>	ENERGY, INC.
Change in Transporter of:	
Oil <input type="checkbox"/>	
Casinghead Gas <input type="checkbox"/>	
Dry Gas <input type="checkbox"/>	
Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner  
Clements Energy Inc.

DESCRIPTION OF WELL AND LEASE				
Lessee Name NEW MEXICO 16 STATE	Well No. 1	Pool Name, Including Formation SAUNDERS EAST-PERMO PENN	Kind of Lease State, Federal or Fee STATE	Lease No. LG-9819
Location				
Unit Letter L	1980	Feet From The SOUTH	Line and 660	Feet From The WEST
Line of Section 16	Township 14-S	Range 34-E	NMPM, LEA	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)			
KOCH OIL COMPANY	P.O. BOX 2256, WICHITA, KANSAS 67201			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
WARREN PETROLEUM COMPANY	P.O. BOX 1589, TULSA, OKLAHOMA 74102			
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 16	Twp. 14S	Rge. 34E
Is gas actually connected?	When YES			

If this production is commingled with that from any other lease or pool, give commingling order number: N/A

COMPLETION DATA								
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size

CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
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.	APPROVED <u>MAY 31 1988</u> , 19
<u>Douglas B. Tippi</u> VICE PRESIDENT - OPERATIONS (Title)	BY <u>Eddie W. Serry</u> TITLE <u>Oil &amp; Gas Inspector</u>
10-2-87 (Date)	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 deviate 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 well name or number, or transporter, or other such change of cor