Submit 5 Copies
Appropriate District Office
EISTRICT/I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

TO TRANSPORT OIL AND NATURAL GAS

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

Operator

DISTRICT II P.O. Drawer DD, Antesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator					Well	API No.				
Kaiser-Francis (0il Company					30-015-27289				
Address										
P. O. Box 21468	3, Tulsa, OK 74121-1	1468				÷				
Reason(s) for Filing (Check proper box) New Well			Oth	er (Please expl	ain)					
	Change in Transpor									
Recompletion Change in Operator	Oil Dry Gas									
change of operator give name	Casinghead Gas Condens	ale								
nd address of previous operator										
I DESCRIPTION OF WELL	AND LEACH									
I. DESCRIPTION OF WELI Lease Name										
Pure Gold B Federal	B Federal Well No. Pool Name, Includ							Of Lease No. (Federa) or Fee NM = 38/63		
ocation		and Du	nes (Der	aware)	State,	rederay or ree	NM -	- 38463		
Unit Letter	:1980 Feet From	m The S	outh Lip	e and6	60° _{Fe}	et From The	East	Line		
Section 20 Township 23S Range 31E				<u>-</u>			T 11			
	<u> </u>					Eddy		County		
I. DESIGNATION OF TRA	NSPORTER OF OIL AND	NATU:	RAL GAS							
ame of Authorized Transporter of Oil	Foorage Condensate		Address (Giv	e address to wi	hich approved	copy of this form	is to be so	ent)		
II. DESIGNATION OF TRANSPORTER OF OIL AND NATU Jame of Authorized Transporter of Oil EOTT Energy Corp. Effective 4-1-96ry Gas				Address (Give address to which approved copy of this form is to be sent) P. O. Box 1188, Houston, TX 77251-1188						
F1 Page Nature 1 C-	nghead Gas 4- 1 or Dry G	as 🗔	Address (Giv	e address to wh	hich approved	conv of this form	is to be se			
El Paso Natural Gas well produces oil or liquids,	1,,,		P. O.	Box 1492	, El Pa	so, TX 79	978	•		
ve location of tanks.	Unit Sec. Twp. L 20 23S	31E	Yes			en? 7/4/93				
this production is commingled with tha	t from any other lease or pool, give	conuningl	ing order numl	ber:						
V. COMPLETION DATA		_	-							
Designate Type of Completion	. 701	s Well	New Well	Workover	Deepen	Flug Back San	ne Rec'y	Diff Res'v		
		_	X		i	1128 2200 1	ic ices v	i Kesv		
ate Spudded 5/21/93	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.				
	6/23/93			810	0		8046			
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Delaware	Top Oil/Gas Pay			Tubing Depth					
3343 GR		7735			7686					
7735 - 789	161 0 8					Depth Casing Sh	oe			
1735 - 789						<u>L</u>	8100			
HOLE BIZE		CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT					
17 1/2 11	13 3/8	722			615 Post 10-2					
7 7/8	8 5/8			4070			1250	8-6-93		
	5 1/2			8100			500	comp 4 B		
7 7/8 TEST DATA AND REQUE	DV tool			6208			650			
L WELL (Test must be after	Tecovery of total volume of load all	ا احسم	.							
ate First New Oil Run To Tank	recovery of total volume of load oil Date of Test	una musi i	Producing Ma	thed (Element	wable for this	depth or be for fu	Il 24 hour	s.)		
6/23/93	6/26/93	,	. roucing Me	thod (Flow, pw	τφ, gas lýt, e					
ngth of Test	Tubing Pressure		Casing Pressu	re .		F1ow Choke Size				
24 hrs.	730	}	_							
ctual Prod. During Test	Oil - Bbls.		Water - Bbls.	1130		Gas- MCF	18/6	34		
	273			10 11	***	OAS- MICE	o =	,		
AS WELL	_1		224 DD	ls. load	wer.	<u> </u>	374	+		
ctual Prod. Test - MCF/D	Handle of the	-								
1001-1101/1/	Length of Test	T	Bbls. Condens	ate/MMCF		Gravity of Conde	nsale			
ting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Z							
g (paor, ouck pr.)	rooms viessure (20mi-m)	ļ	Casing Pressur	e (Shut-in)	-	Choke Size				
L ODED ATON CO-										
I. OPERATOR CERTIFIC	ATE OF COMPLIANC	E			0==					
I hereby certify that the rules and regul	OIL CONSERVATION DIVISION									
Division have been complied with and is true and complete to the best of my	that the information given above									
2	MOTICORE AND DENEL.		Date	Approved	!	_ 30T § §	1993			
C. Kn - Pn	eker bin									
Signature / C	20,0 ,0 ,		Ву		TOLOURIA!	CLONIED DV				
Charlotte Van Valkenb	urg, Technical Urg, Coordinator		_ Бу			SIGNED BY				
Printed Name	Title	——	magan) , a		WIKE WIL		VT 14			
7/8/93	918-491-4314		Title_		*UPEKVIS	OR, DISTRIC	. 1 17			
Date	Telephone No.	-								
INCEDITORIO EL A										
	_									

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.