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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I.

| | |
|--|---|
| Operator H. K. Keesee | |
| Address P. O. Box 1995, Farmington, New Mexico 87401 | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of: |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|------------------------------------|-----------------------|--|--|-----------|
| Lease Name Cinco Diablos | Well No. 11 | Pool Name, Including Formation Ballard P. C. | Kind of Lease State, Federal or Fee Indian | Lease No. |
| Location | | | | |
| Unit Letter P | 1090 | Feet From The South Line and 790 | Feet From The East | |
| Line of Section 19 | Township 23N | Range 3W | NMPM, Sandoval | County |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|--|--|------|------|------|----------------------------|------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Not required | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company | Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, Farmington, N.M. 87401 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
| | | | | | No | Not known |

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

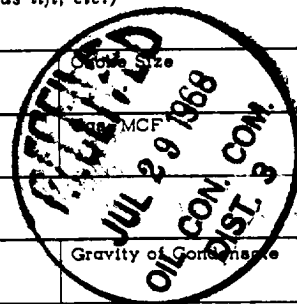
IV. COMPLETION DATA

| | | | | | | | | |
|--|---|--------------------------------|----------------------------------|----------|--------------|-----------|------------|-------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Resv. | Diff. Resv. |
| | | X | X | | | | | |
| Date Spudded 6-25-68 | Date Compl. Ready to Prod. 7-9-68 | Total Depth 2699 | P.B.T.D. 2857 | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 7191 (Gr) | Name of Producing Formation Pictured Cliffs | Top Oil/Gas Pay 2808 | Tubing Depth 2834 | | | | | |
| Perforations 2833'-2838' & 2839'-2843' | | | Depth Casing Shoe 2899 | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 10 3/4 | 8 5/8, 20.0# | | 118.71 | | 100 | | | |
| 7 7/8 | 4 1/2, 9.5# | | 2899 | | 125 | | | |

V. 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 |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. |



GAS WELL

| | | | |
|--|--|--|---------------------------|
| Actual Prod. Test-MCF/D 3/4"-1,105 CAOP-2,558 | Length of Test 3 hr. | Bbls. Condensate/MMCF None | Gravity of Condensate |
| Testing Method (pitot, back pr.) One Point Back Pressure | Tubing Pressure (shut-in) 679 psig | Casing Pressure (shut-in) 678 psig | Choke Size 3/4" |

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

(Signature)
Petroleum Engineer Consultant
(Title)
July 26, 1968
(Date)

OIL CONSERVATION COMMISSION

APPROVED **DEC 12 1968**

BY **Original Signed by Emery C. Arnold**

SUPERVISOR DIST. #3

TITLE _____

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.

