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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

## 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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	T	OTRA	NSP	ORT OIL	AND NA	TURAL G			<del></del>				
Operator Kerr McGee Corporation								Well API No. 300392263400S1					
Address PO Box 250, Amarillo		79189	)				<u> </u>						
Reason(s) for Filing (Check proper box)	, 17	7 3103	<u></u>		Oth	er (Please exp	lain)				<del> </del>		
New Well		Change in	Transn	orter of:		or (r tease eap)	,						
		Change III											
Recompletion $\Box$	Oil		Dry G	_									
Change in Operator	Casinghead	Gas A	Conde	nsate									
and address of previous operator		· -				<del></del>					<del></del>		
II. DESCRIPTION OF WELL A			De al N	Varia Tagliid	ing Formation		· · · · · · · · · · · · · · · · · · ·	Vind o	f Lease -	1.	ease No.		
Lease Name Betty C-31					(Gallup)			Kind of Lease Fed State, Federal or Fee N			014023		
Location	16	E 0			E 2 C +	. 80	<b>1</b> 0		•	South			
Unit Letter	:10	<del></del>	Feet F	rom The	EastLin	e and	-	Fo	et From The	300011	Line		
Section 31 Township	24N		Range	, 7W	, N	мрм,	Rio	Arri	ba	<del> </del>	County		
III. DESIGNATION OF TRANS	SPORTE	R OF O	IL AN	ND NATU	RAL GAS								
Name of Authorized Transporter of Oil	X	or Conden	sate		1					orm is to be se	nt)		
Giant Refining Company	PO Box 256, Farmington, NM 87499												
Name of Authorized Transporter of Casinghead Gas			or Dry	Gas	ì			proved copy of this form is to be sent)					
Bannon Energy Incorpora	ated				3934 FM	<u> 1960 We</u>	<u>est,</u>	<u>Suit</u>	<u>e 240, </u>	<u>Houston</u>	<u>, TX 7706</u>		
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	1 -	y connected?	ļ	When					
give location of tanks.  If this production is commingled with that f	0	31	24N	1 7W	Yes	her		N	<u> </u>	<del></del>			
IV. COMPLETION DATA	rom any ome	I RASC OI	poor, g	ive continuing	ung order nam								
Designate Type of Completion -	· (X)	Oil Well		Gas Well	New Well	Workover	Dec	pen	Plug Back	Same Res'v	Diff Res'v		
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	Top Oil/Gas Pay			Tubing Depth				
										Depth Casing Shoe			
Perforations									Deput Casin	ig Shoe			
	CEMENTING RECORD				,								
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			• • • • • • • • • • • • • • • • • • • •	SACKS CEMENT				
				<del></del>									
V. TEST DATA AND REQUES	T EOD A	I I OW	ARIE	7									
OIL WELL (Test must be after re					t be equal to o	exceed top al	llowable	for this	depth or be	for full 24 hou	rs.)		
Date First New Oil Run To Tank	Date of Tes					ethod (Flow, p							
Length of Test	Tubing Pressure				Casing Press	Casing Pressure							
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.				as- MCF		- 111		
			<del></del> -					<u> </u>	MA	<mark>(2 2 199</mark> 0	)		
GAS WELL	I anak ar	act			Bble Conde	nsate/MMCE				ALL P	w		
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF				CHE CONT. LIV.				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size	JOI: J			
VI. OPERATOR CERTIFIC.	ATE OF	COMF	PLIA	NCE	1[								
				~~~		OIL CO	NSE	RV	NOITE	DIVISIO	N		
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.					MAY 2 2 1990								
					Date	e Approve	ed			Λ			
Simpling					By_			3	1) E	Thank			
Signature Pat Garrard Printed Name	roducti	ion Cl	erk Title		T:A1 -		S	UPE	RVISOR	DISTRICT	#3		
May 15, 1990 (80	16) 359-				Title	!				· · · · · · · · · · · · · · · · · · ·			
Date		Tele	ephone	No.	Ш								

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.

