Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

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

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

Santa Fe, New Mexico 87504-2088

, , , , , , , , , , , , , , , , , , , ,		HOH ALLOWAE							
Эрелают	AND NATURAL GAS Well API No.								
Kerr-McGee Corpor	ration		_						
ddress		70100							
P. O. Box 250, An		79189	Other (Pla	*******					
Reason(s) for Filing (Check proper box) New Weil Change in Transporter of:			Other (Please explain)						
Recompletion Oil Dry Gas			Flag-Redfern Oil Co. was merged into						
Change in Operator	Casinghead Gas		Kerr-McGee	Corp.	on 6/	30/89			
change of operator give name	lag-Redfern	Oil Co., P.O.	Box 11050	Mid	land T	Y 7970	12		
		11.1 1 - 11.1 1 - g -							
I. DESCRIPTION OF WE		No. Pool Name, Include	ng Formation	-	Kind	Lease Fo	1 L	ease No.	
Gentle	1	1 Fulcher-Kutz (P.C.			Kind of Lease Fed NM 020982				
Location		_							
Unit Letter	:1100	Feet From The $\frac{S(}{}$	outh Line and	15	20 _{Fe}	et From The	<u>East</u>	Line	
Section 9 Tons	vaship 28N	Range 111	W , NMPM,			San Juan County			
Section 3 Tow	/BMID	Rauge	· J. WALL LVI.				<u>ouun</u>	COLLY	
II. DESIGNATION OF TR	LANSPORTER OF	OIL AND NATU							
Name of Authorized Transporter of C	XI or Co	ndensale	Address (Give addr	ess to whi	ck approved	copy of thus f	form is to be se	uu)	
	3 :	Con Day Con CTV	Add-sa (Civa adds						
Name of Authorized Transporter of C El Paso Natural (Address (Give address to which approved to P. O. Box 1492, El Pas					
If well produces oil or liquids,	Unut Sec.	Twp. Rge.	is gas actually conn		When				
uve location of tanks.			 						
f this production is commungled with	that from any other leas	e or pool, give commingi	ing order number:						
V. COMPLETION DATA		Well Gas Well	New Well Wor	kover	Deepen	Plug Rack	Same Resiv	Diff Res'v	
Designate Type of Comple		32	100 100 100	1	- Doctor	i ting pana			
Date Spudded	Date Compt. Read	dy to Prod.	Total Depth			P.B.T D.	· 		
	N (8-4-		Top Oil/Gas Pay	٠.					
Elevations (DF, RKB, RT, GR, atc.) Name of Producing Formation						Tubing Depth			
Perforations							Depth Casing Shoe		
		TUBING, CASING AND					SACKS CEMENT		
HOLE SIZE	CASING	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
									
L meem barna allo peo	TIPOT COD ALL	NIVA DI IC	<u> </u>			l		<u> </u>	
V. TEST DATA AND REQ	=	JW A.D.L.E. wne of load oil and must	he equal to or excee	d too allo	wahle for thi	e denth or he	for full 24 hos	ers.)	
Date First New Oil Run To Tank	Date of Test		Producing Method				/ / /		
Length of Test	Tubing Pressure		Casing Pressure	5 70 6	k ere es a	Choke Size			
Actual Prod. During Test	Oil - Bhis.		Water - Bhis D	15 (VGA MCF	<u> </u>		
Actual Flore During Food	Oli - Bola.		101	Basil Iv.	* 1000 SA	1			
GAS WELL			- H 13	1111	2 7 100	0			
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensus/N	OMCF	- 6 106	Gravity of	Condensare		
Testing Method (pilot, back pr.)	Tubing Pressure	(Shut-in)	Casing Pressure (Shut-in) DIST 3 Choke Size						
VII OPEDATOR CERTI	EICATE OF CO	A CDL LA NICE	1			1			
VI. OPERATOR CERTI I hereby certify that the rules and			OIL	CON	SERV	ATION	DIVISIO	NC	
Division have been complied will	h and that the informatio	a given above							
is true and complete to the best of	(my knowledge and beli	iaf.	Date Ap	prove	d	JUL 2	7 1989		
Jun 1 47	that						1-1	,	
Signature			By		<u>-6</u>	 ← 	thank		
_Ivan D. Geddie	Mgr. Con				SUPER	VISION	DISTRIC	T#3	
Printed Name As of June 30, 1	989 405/	Title 270-2124	Title						
Date	100/	Telephone No.	11		•				

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.