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

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

State of New Mexico
Energy, Minerais 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

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Azzec, NM 87410	REQUEST FOR ALLOWA	BLE AND AUTHORIZ	ATION			
l	TO TRANSPORT OIL AND NATURAL GAS					
Operator	•					
Kerr-McGee Corporati	ION				<u> </u>	
P. O. Box 250, Amari	illo, TX 79189	Ot (8)				
Reason(s) for Filing (Check proper box)	Change in Transporter of:	Other (Please explai	•			
New Well Recompletion	Oil Dry Gas	Flag-Redfern Oi			)	
Change in Operator	Casinghead Gas Condensate	Kerr-McGee Corp.	. on 6/	30/89		
	g-Redfern Oil Co., P.C	. Box 11050, Mid	land, T	X 79702		
II. DESCRIPTION OF WELL A	AND LEASE			d - Fad	ease No.	
Lease Name	Well No. Pool Name, inclu 1 Pinon (Fi			,	13365	
Aloha Location	1 Finon (1	uicianu)		1		
L	. 1710 Feet From The	South Line and 79	0 F	et From The West	Line	
Unit Letter				•		
Section 16 Township	28N Range 1	LW , NMPM,	Sar	ı Juan	County	
III. DESIGNATION OF TRANS	SPORTER OF OIL AND NAT	URAL GAS				
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to who	ich approved	copy of this form is to be .	tent)	
Name of Authorized Transporter of Casing	phead Gas or Dry Gas X	Address (Give address to who	ich approved	copy of this form is to be .	ienu)	
El Paso Natural Gas C	ompany	P. O. Box 1492,	El Pas	so, TX 79908		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rg		When			
<u></u>	L   16   28N   11			7/81		
If this production is commingled with that f  IV. COMPLETION DATA	from any other lease or poor, give continu	gring order names.				
	Oil Well Gas Well	New Well Workover	Deepen	Plug Back   Same Res'v	Diff Res'v	
Designate Type of Completion						
Date Spudded	Date Compi. 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		
Lievanous (DF, RRD, RT, GR, SE.)						
Perforations				Depth Casing Shoe		
		- CEL CEL TERMINE DE CODI				
1015 0175	CASING & TUBING SIZE	D CEMENTING RECORD	DEPTH SET		SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACRO CEI	*16.14.1	
The second secon	TO BOOK ALL OWARD E					
V. TEST DATA AND REQUES OIL WELL (Test must be after r	ST FUR ALLOWABLE recovery of total volume of load oil and m	.es he equal to no exceed son allo	wable for thi	s depth or be for full 24 ha	ours.)	
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pu				
		BEARI	W E C	3		
Length of Test	Tubing Pressure	Carried C	VE	Lhoke Size		
Actual Prod. During Test	Oil - Bbls.	Water Bols		LESS- MCF		
Actual Frod. During Test	Oil - Boll.	JUL 2719	89			
GAS WELL			F-11 1	<u> </u>		
Actual Prod. Test - MCF/D	Length of Test	Bbis. Condensate/MMCF	<u> </u>	Gravity of Condensate		
		Dist. 9			w * 1	
Testing Method (pilos, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)		Choke Size		
					<del></del>	
VL OPERATOR CERTIFIC		OIL CON	ISERV	ATION DIVISI	ON	
I hereby certify that the rules and regul Division have been complied with and			· · · · · · · · · · · · · · · · · · ·		<b>U.</b> 1	
is true and complete to the best of may		Date Approve	d 1	111 27 1989		
Jan 1 2 Gods	lo.	Pare Approve	<u> </u>	WE A -		
		By	7.1	) chum/		
Signature Ivan D. Geddie	_Mar_ Cons. & Unit.		<u> </u>		# 78	
Printed Name	Title	Title	SUPERVI	SION DISTRICT	# 3	
As of June 30, 1989	9 405/270-2124					

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.

Subrut 5 Copies
Appropriate District Office
DISTRICT 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

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

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
TO TRANSPORT OIL AND NATURAL GAS

	101	HANSFUR! OIL	AND NATORAL GAS	Wall A Dt Ma
Operator				Well API No.
Kerr-McGee Corpora	ation			
Address P. O. Box 250, Ama	arillo. TX	79189		
Reason(s) for Filing (Check proper box			Other (Please explain)	
New Well		e in Transporter of:	Flag Podforn Oil	Co. was manaad into
Recompletion	Oil	Dry Gas 📙		Co. was merged into
Change in Operator	Casinghead Gas	Condensate	Kerr-McGee Corp.	on 6/30/89
f change of operator give name	lag-Redfern (	Dil Co P O	Box 11050, Midla	nd TX 79702
		<del> </del>		
II. DESCRIPTION OF WEL	L AND LEASE	lo. Pool Name, Includis	ac Formation	Kind of Lease Fed Lease No.
Lease Name Aloha	1	Fulcher K	•	State, Federal or Fee NMO13365
Location			MCZ TALLA	14,1015505
	1710	Feet From The	outh Line and 790	Feet From The West L
Unit Letter		rea rourine	<u> </u>	
Section 16 Town	ship 28N	Range 11W	, NMPM,	San Juan County
m postovi movi op TD	ANCRODEED OF	OH AND NATED	DAL CAS	
III. DESIGNATION OF TRANSPORTER OF Authorized Transporter of Oil		OIL AND NATU	Address (Give address to which	approved copy of this form is to be sent)
Helite of Madellians Trimperior of Or				
Name of Authorized Transporter of Ca	singhead Gas	or Dry Gas 💢	Address (Give address to which	approved copy of this form is to be sent)
El Paso Natural Gas	Company		P.O. Box 1492, El	Paso, TX 79908
If well produces oil or liquids,	Unit Sec.	Twp. Rge.	is gas actually connected?	When ?
give location of tanks.	<u> </u>	28N   11W	Yes	<u>J 7/81</u>
If this production is commingled with the	hat from any other lease	or pool, give commingli	ing order number:	
IV. COMPLETION DATA			(	D D D D D D D D D D D D D D D D D D D
Designate Type of Complete	on - (X) i	Vell Gas Well	New Well Workover	Deepen   Plug Back   Same Res'v   Diff Res
Date Spudded	Date Compt. Read	ly to Prod.	Total Depth	P.B.T.D.
	•	•		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producin	g Formation	Top Oil/Ges Pay	Tubing Depth
Perforations			· · · · · · · · · · · · · · · · · · ·	Depth Casing Shoe
renorations				Depai Canng and
	TUBIN	IG. CASING AND	CEMENTING RECORD	
HOLE SIZE		TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQU		·		the feet of the decision for feet 24 hours
OIL WELL (Test must be aft		eme of load oil and must	Producing Method (Flow, pump.	ble for this depth or be for full 24 hours.)
Date First New Oil Rus 15 Table	Date of Test			1 C
Length of Test	Tubing Pressure		Caling Pressure	Cloke Size
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.	Gas- MCF
		<del></del>		<del></del>
GAS WELL Actual Prod. Test - MCF/D	11 and 27 min		Inhia Candarana A C (C)	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Actual Prod. 1est - MCP/D	Length of Test		Bbis. Condensate/MMCF	Gravity of Condensals
Testing Method (pilot, back pr.)	Tubing Pressure (	Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI. OPERATOR CERTIF	TCATE OF CO	MPLIANCE	011 00110	
I hereby certify that the rules and r	•		OIL CONS	ERVATION DIVISION
Division have been complied with				JUL 27 1989
is true and complete to the best of	my knowledge and beli:	<b>.</b>	Date Approved	002 ~ 1000
177 S.D	-ddy			3.1) de /
Signature	<u> </u>		Ву	
Ivan D. Geddie	Mar Cons	. & Unit.		SUPERVISION DISTRICT # 3
Printed Name	J	Title	Title	
As of June 30, 19	109 405/2	270-2124		

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