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

State of New Mexico Minerals and Natural Resources Departmen Ene

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

Well API No.

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

Operator

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

PITTS ENERGY CO.		<del></del>					30 025 311	52	
Address 511 W. OHIO, #30	00		MI	DLAND,	TX 79701	······································			
Reason(s) for Filing (Check proper box)					Other (Please e	rolain)	<del></del>	· · · · · · · · · · · · · · · · · · ·	
New Well		Change i	in Transpo	ater of					
Recompletion	Oil		Dry Ga						
Change in Operator		ad Gas -	•						
change of operator give name	Casingina	au Cas	CONOCI	SALE					
address of previous operator									
I. DESCRIPTION OF WELL	AND LE	ASE							
ease Name		Well No. Pool Name, Includir			-		ind of Lease		
KENDRICK		1	GL	ADIOLA	WOLFCAMP	Sta	ate, Federal or Fee		
Location									
Unit LetterJ	_ : <u>1</u>	650	Feet Fr	om The _	EAST Line and	1500	Feet From The	SOUTH	
Section 3 TOWNSH	14-	.2	Kange	38-E	, NMPM,	LEA	<u> </u>	County	
II. DESIGNATION OF TRAN	SPORTE	ER OF C	DIL AN	D NATU	RAL GAS FEE	ECTIVE 1	1/1/03		
same of Authorized Transporter of Oil	<b>X</b>	or Conde	ensate		Address (Give address to	which appro	oved copy of this form	is to be sent?	
NAVAJO REFININ	G COMPA	ANY			Address (Give address to which approved copy of this form is to be sent)  P.O. DRAWER 159 ARTESIA, NM 88210				
Name of Authorized Transporter of Casing	ghead Gas	$oxed{X}$	or Dry	Gas	Address (Give address 10				
WARREN PETROLEUM	1				BOX 1589		, OK 74102	~ ~ or or,	
f well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actually connected? YES		When ? 4/1/92		
ve location of tanks.	J	5	<u>  12S</u>	38E					
this production is commingled with that:  V. COMPLETION DATA	from any of	her lease o	r pool, giv	ve comming	ling order number:				
		Oil We	11 0	Gas Well	New Well   Workove	r Dear-	n Plug Back San	n. n	
Designate Type of Completion		_i_	i	3- <del>-</del>		.   Deepe	riug back  San	ne Resiv   Diff Resi 	
Date Spudded	Date Com	ipl. Ready	to Prod.		Total Depth		P.B.T.D.	<u>-</u>	
7 / / / / / / / / / / / / / / / / / / /	<u> </u>								
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay		Tubing Depth		
Perforations	<u> </u>					<del></del>			
VI VI MA CALO							Depth Casing Sh	ioe	
		77.107.10		VO					
UOLE 0175	1				CEMENTING REC				
HOLE SIZE CASING & TUBIN				SIZE	DEPTH SET		SAC	SACKS CEMENT	
	<u> </u>								
	<del> </del>								
. TEST DATA AND REQUES	T FOD	ALLOU	/ADI D						
Onte First New Oil Run To Tank	Days of I	ous volum	e of load	ou and mus	be equal to or exceed top	allowable for	this depth or be for f.	Шl 24 hows.)	
tte First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lýt, etc.)				
ength of Tex	Tubing D	- P			Casing Prosmiss		(Praka C'-	1 Chake Car	
ength of Test Tubing Pressure					Casing Pressure		Choke Size	Choke Size	
Actual Prod. During Test	Oil - Bbls	Bbls			Water - Bbls		Gas- MCt	Gas- MCF	
• • • • • • • • • • • • • • • • • • •	OH - 10012	•					Jas- MICT		
CACTUELL	· <u>·</u>				<u> </u>		<u> </u>		
GAS WELL Actual Prod. Test - MCF/D	11 2	7:			160 a :				
www.rior.rest-nici/D	reagn of	igth of Test			Bbls. Condensate/MMCF		Gravity of Cond	Gravity of Condensate	
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Program (CVIII)			(Na) E'	
The street of th	1 Soing Pi	mente (SU	im-m)		Casing Pressure (Shut-in	·)	Choke Size		
VI. OPERATOR CERTIFIC	ATE O	E CO14	TOT YAY	icr	-	- · ·			
I hereby certify that the rules and regul				NCE	011 00	JVICED	IVATION DI	MOION	
Division have been complied with and	that the info	e Uil Cons occusion m	ervation iven abou	•		./IYULIT	IVALIONDI	AIOIOIA	
is true and complete to the best of my	knowledge	and belief.	A FULL AUGVI	-			OCT 29 1993	ì	
·	,				Date Appro	ved	UU 1 & 0 1333	<u> </u>	
_ Section Donner.	رم					RIGINAL C	SIGNED BY		
Signature						———Dici	GIGNED BY JERRY	SEXTON	
JULIE JEFFREYS		PRO		ON CLER	CK .	TCIU	RICT I SUPERVISO	OR .	
Printed Name		015	Title	(101	Title			,	
10/26/93	-		/682-4			2	,		
ACTION OF THE PARTY OF THE POSITION OF THE POS	Carry and and				Mile Ontario a since od 250 januario				
INSTRUCTIONS: This for	m is to be					and the second second second	d affective and the street had been	tradecide list at manife district	

- 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 Colod must be filed for each posit in multiply completed wells