Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Dep. ent

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

OIL CONSERVATION DIVISION DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Kerr-McGee Corporat	tion						Well	API No.	80-025	25/4
Address One Marienfeld Plac	e. Suit	200	Mid	dland	TX 797	201				0011
Reason(s) for Filing (Check proper box)	o, Juit	.e 200	<u>, 1410</u>	Jianu,		ves (Please expl	ain)		<u></u>	
New Well		Change in	•		Flag-Po	dfarn Of	ים ה			
Recompletion Oil Dry Gas Flag-Redfern Oil Change in Operator X Casinghead Gas Condensate Kerr-McGee Corp.								was meri /30/go	ged into)
If change of operator give name										
and address of previous operator FIAG			Co	P.O.	Box 110	50, Mid1	and, T	7970	2	······································
II. DESCRIPTION OF WELL	AND LEA	Well No.							16-2	071
Osudo State Com.				of Lease State A-13/5						
Location	1	1	N. C	suao	(Morrow)		346,	receial of re	E-19	23 ——
Unit LetterJ	_ :1	650	Feet Fr	om The	South Lie	e and16	50 F	et From The	East	Line
Section 18 Townshi	p 20	S	Range	36E	, N	мрм,		L€	ea	County
III. DESIGNATION OF TRAN	SPORTE	R OF OI	I. ANI	D NATU	DAL GAS					
Name of Authorized Transporter of Oil		or Conden			Address (Give address to which approved copy of this form is to be sent)					
Lantern Petroleum Co				LAI	P. O. Box 2281, Midland, TX 79702					/
Name of Authorized Transporter of Casin			or Dry	Gas	Address (Giv	e address to wi	uch approved	copy of this	form u to be se	ent)
Warren Petroleum Com		 ,		,		Box 67,			88265	
If well produces oil or liquids, give location of tanks.	Unuit J	Sec. 18	Twp. Rge. 20S 36E		Is gas actually connected?		When	When ? 1/77		
If this production is commingled with that	from any other					ber.			<u>′ </u>	1
IV. COMPLETION DATA		Oil Well		ias Well	New Well	Workover	Deepen	Diva Pack	Same Res'v	b or neate
Designate Type of Completion		<u>i</u>	i		Ĺ			Flug Back	Same Res v	Diff Res'v
Date Spudded	Date Comp	i. 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		
Perforations								Depth Casing Shoe		
		innia.	0.00					<u> </u>		
HOLE SIZE	TUBING, CASING AND									
THOSE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
		 								
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE					L		
OIL WELL (Test must be after n	ecovery of low	al volume o		il and must	be equal to or	exceed top allo	wable for this	depth or be	for full 24 how	rs.)
Date First New Oil Run To Tank	Date of Test			-	Producing Me	thod (Flow, pu	np, gas lýt, e	sc.)		
Length of Test	Tubing Pressure				Casing Pressu	<u></u>		Choke Size		
•										
Actual Prod. During Test	Oil - Bbls.				Water - Bbia.			Gas- MCF		
GAS WELL				·						
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate		
esting Method (pilot, back pr.)	Tuhing Pressure (Share in)									
The state (part) was pro-	Tubing Pressure (Shut-in)				Casing Pressu	re (Shut-ra)		Choke Size		
VI. OPERATOR CERTIFIC.	ATE OF	COMPI	LAN	CE			 	L. <u></u>		
I hereby certify that the rules and regula	tions of the C	il Conserva	ution.			IL CON	SERVA	ATION I	DIVISIO	N
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Data Approved AU6 8 1989					
	/Zell				Date	Approved		0	1000	
	, jean		 -			ORIGINAL	SIGNED	BY JERRY	SEXTON	
Signature Ivan D. Geddie	Mar.,	Cons.	9. 11	ni+	Ву_	— DIS	TRICT I S	UPERVISO	R	
Printed Name			<u>a u</u> Title	11 1 L .	Tilla					
As of June 30, 1989	4	05/270			Title_		. <u></u>			
		Telepi	none No							\

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.