

Submit 5 Copies
Appropriate District Office
DISTRICT I

P.O. Box 1930, Hobbs, NM 88240

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Form C-104

Revised 1-1-89

See Instructions
at Bottom of Page

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator

KELTON OPERATING CORPORATION

Well API No.

30-025-02592

Address

P. O. Box 276, Andrews, Texas 79714

Reason(s) for Filing (Check proper box)

New Well ☐

Recompletion ☐

Change in Operator ☒

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

☐ Other (Please explain)

If change of operator give name
and address of previous operator

Caprock Oil & Gas, Inc., P. O. Box 828, Andrews, Texas 79714

II. DESCRIPTION OF WELL AND LEASE

Lease Name

State

Well No.

31

Pool Name, Including Formation

Wilson-Yates Seven Rivers

Kind of Lease

☒ State ☐ Federal or Fee

Lease No.

Location

Unit Letter J : 2970 Feet From The North Line and 1980 Feet From The East Line

Section 24 Township 21S Range 34E NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐

or Condensate ☐

Address (Give address to which approved copy of this form is to be sent)

Name of Authorized Transporter of Casinghead Gas ☐

or Dry Gas ☒

Address (Give address to which approved copy of this form is to be sent)

GPM Gas Corporation

4001 Penbrook, Odessa, Texas 79702

If well produces oil or liquids,
give location of tanks

Unit
M

Sec.
24

Twp.
21S

Rge.
34E

Is gas actually connected?

Yes

When?

NA

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

| | | | | | | | | |
|-------------------------------------|-----------------------------|----------|-----------------|----------|--------|-------------------|------------|------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | 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 Pay | | | Tubing Depth | | |
| Perforations | | | | | | Depth Casing Shoe | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | | SACKS CEMENT | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

| | | | |
|--------------------------------|-----------------|-----------------------------------------------|------------|
| Date First New Oil Run To Tank | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas- MCF |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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.

Signature

C. Dale Kelton

President

Printed Name

1-21-94

Title

(915) 524-6400

Date

Telephone No.

OIL CONSERVATION DIVISION

Date Approved

By

ORIGINAL SIGNED BY JERRY COXTON
DISTRICT I SUPERVISOR

Title

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