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Appropriate District Office
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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. 30-025-23170
Address P.O. Box 276, Andrews, Texas 79714-0276	
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)	
New Well ☐	Change in Transporter of:
Recompletion ☒	Oil ☐ Dry Gas ☐
Change in Operator ☐	Casinghead Gas ☐ Condensate ☐

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Flat C Sharp	Well No. 1	Pool Name, Including Formation Cline Blinebry	Kind of Lease State, Federal or <u>Free</u>	Lease No.
Location Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>11</u> Township <u>23S</u> Range <u>37E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Sandhills Petroleum, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 796, Monahans, Texas 79756-0796					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Texaco Exploration & Production	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1650, Tulsa, Oklahoma 74102-1650					
If well produces oil or liquids, give location of tanks.	Unit <u>H</u>	Sec. <u>11</u>	Twp. <u>23S</u>	Rge. <u>37E</u>	Is gas actually connected? <u>Yes</u>	When? <u>NA</u>

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. 6-1-93	Total Depth 6290'	P.B.T.D. 5808					
Elevations (DF, RKB, RT, GR, etc.) 3262 GL	Name of Producing Formation Blinebry	Top Oil/Gas Pay 5288'	Tubing Depth 5265'					
Perforations 5352' - 5615'	Depth Casing Shoe							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
11"	8 5/8"	850'	300 SXS=circ.					
7 7/8"	5 1/2"	6290'	600 sxs					

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 6-1-93	Date of Test 6-3-93	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 790#	Casing Pressure -0-	Choke Size 20/48"
Actual Prod. During Test	Oil - Bbls. 75	Water - Bbls. 3	Gas- MCF 1.12 MMCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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
6-6-93 Title
915-523-6536

Date
Telephone No.

OIL CONSERVATION DIVISION

JUN 14 1993

Date Approved

By
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 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.