Submit 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., Aztec, NM 87410

I.			RECET OIL							
Operator	AND NATURAL GAS Well API No.									
Kerr-McGee Corpora	tion						30-02	5-2619	56	
Address	M		w 70700							
P.O. Box 11050  Reason(s) for Filing (Check proper box)	MIC	lland, T	X 79702	Oth	et (Please expl	ain)				
New Well	1	Change in Tra	insporter of:	_						
Recompletion .	Oil	Ŭ Þr	·							
Change in Operator	Casinghead	Gas 🔀 Co	ondensate					<del></del>	<del></del>	
If change of operator give name and address of previous operator			· · · · · · · · · · · · · · · · · · ·						<del> </del>	
II. DESCRIPTION OF WELL	AND LEA	SE								
Lease Name		Well No. Po	ol Name, Includi			Kind	of Lease Fe	d Le	ase No.	
Lynn B-25 Federal		5	Langlay.	-Mattix	BR-QN-G	B State,	Federal or Fee	NM-2	1544	
Location Unit LetterL	: 19	980 Fe	et From The	South Lin	e and560	Fe	et From The	West	Line	
Section 25 Township 23S Range 36E , 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)										
Lantern Petroleum Company					P.O. Box 2281, Midland, TX 79702					
Name of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent)					
Sid Richardson Carbon & Gasoline Co.  f well produces oil or liquids,   Unit   Sec.   Twp.   Rge.				201 Main St. Fort Worth, TX 76102 Is gas actually connected?   When?						
give location of tanks.   L   25   23E   361				Yes   4/79						
f this production is commingled with that i	from any other	r lease or poo	l, give comming	ing order num	ber:					
IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	l D	Div Dt.	S Dl	bio n	
Designate Type of Completion	- (X)	Ou wen	Gas well	I MEM MEII	workover	Deepen	Plug Back	Same Kesv	Diff Res'v	
Date Spudded Date Compi. Ready to Prod.				Total Depth	Total Depth P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay Tubing Depth					
							Tubing Deput			
Perforations					Depth Casing Shoe					
TUBING, CASING AND C										
HOLE SIZE CASING & TUBING SIZE				ļ	DEPTH SET		SACKS CEMENT			
V. TEST DATA AND REQUES										
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.)										
	<b>Date 6. 102</b>			stocking stocking (s. 1914) have by the stock						
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	II aparls of Ta			Dhia Candan	A D (CE	<del></del>	I C	,		
radia Flot. 168 - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
		·—			<del></del>					
VI. OPERATOR CERTIFICA	ATE OF (	COMPLL	ANCE		NI OON	OFD)		211/10/01		
I hereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				JAN 09'92						
	Date	Date Approved								
( Judy Denter					By ORIGINAL SIGNED BY JERRY SEXTON					
Signature Judy Benton Analyst II					DISTRICT I SUPERVISOR					
Printed Name Title										
<u>1-7-92</u> 915/688-7039							<del></del> _			
Date	_	Telephon	e 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.