

BEFORE EXAMINER STOGNER

OIL CONSERVATION DIVISION

OCD EXHIBIT NO. 3

CASE NO. 12948

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
 OIL CONSERVATION DIVISION
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

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

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

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

Operator K. C. RESOURCES, INC	Well API No. 30-025-08008
Address 2533 S. HWY 101 #260 CARDIFF, CA 92007	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator RWK RESOURCES, INC	

II. DESCRIPTION OF WELL AND LEASE

Lease Name NEW MEXICO "BH" STATE NCT-1	Well No. 2	Pool Name, Including Formation CAPROCK WOLFCAMP, EAST	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter F : 1980 Feet From The N Line and 1980 Feet From The W Line Section 11 Township 12S Range 32E , NMPM LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> TEXAS N.M. PIPELINE	Address (Give address to which approved copy of this form is to be sent)												
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> WARREN PETROLEUM	Address (Give address to which approved copy of this form is to be sent)												
If well produces oil or liquids, give location of tanks.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Unit</td> <td>Sec.</td> <td>Twp.</td> <td>Rge.</td> <td>Is gas actually connected?</td> <td>When?</td> </tr> <tr> <td>NW/4</td> <td>11</td> <td>12</td> <td>32</td> <td>YES</td> <td>8-1-84</td> </tr> </table>	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?	NW/4	11	12	32	YES	8-1-84
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OPER. OGRID NO. <u>122912</u> PROPERTY NO. <u>15218</u> POOL CODE <u>9310</u> EFF. DATE <u>6-23-94</u> API NO. <u>30-025-08008</u>	Order number: <u>PC-555</u> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Flow Well</td> <td>Workover</td> <td>Deepen</td> <td>Plug Back</td> <td>Same Res'v</td> <td>Diff Res'v</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="3">Well Depth</td> <td colspan="3">P.B.T.D.</td> </tr> <tr> <td colspan="3">Oil/Gas Pay</td> <td colspan="3">Tubing Depth</td> </tr> <tr> <td colspan="3"></td> <td colspan="3">Depth Casing Shoe</td> </tr> </table>	Flow Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v							Well Depth			P.B.T.D.			Oil/Gas Pay			Tubing Depth						Depth Casing Shoe		
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O-TRNSP. OGRID NO. <u>22628</u> G-TRNSP. OGRID NO. <u>24650</u> OIL POD NO. <u>2218310</u> GAS POD NO. <u>2218330</u>	WTR <u>2218350</u> MENTING RECORD <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>DEPTH SET</td> <td>SACKS CEMENT</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	DEPTH SET	SACKS CEMENT				
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(Equal to or exceed top allowable for this depth or be for full 24 hours.) Logging 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.

Reiner Klawiter
 Signature
REINER KLAWITER, PRESIDENT
 Printed Name
 12-3-93 (619) 943-8448
 Date Telephone No.

**OIL CONSERVATION DIVISION
 JUN 23 1994**

Date Approved _____
 By *Jerry Lutz*
 Title **DISTRICT 1 SUPERVISOR**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.