

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
Revised 10-01-78  
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Page 1

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U.S.D.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**I.**

Operator  
KELT OIL & GAS, INC.

Address  
P.O. Box 1493, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box) Other (Please explain)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

February 2, 1988

If change of ownership give name and address of previous owner: Apollo Energy, Inc., P.O. Box 8097, Roswell, New Mexico 88201

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name New Mexico "H" State,	Well No. 9	Pool Name, including Formation Cato San Andres	Kind of Lease State, Federal or Fee State	Lease No. K3259
Location				
Unit Letter <u>L</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u>				
Line of Section <u>16</u> Township <u>8S</u> Range <u>30E</u> , NMPM, <u>Chaves</u> County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

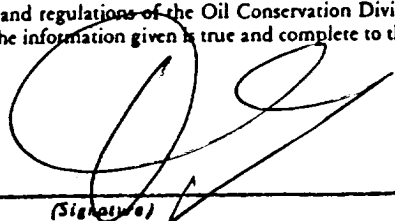
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Ref.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159, Artesia, New Mexico 88210			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Cities Service Oil & Gas Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 300, Tulsa, Oklahoma 74102			
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 16	Twp. 8S	Rge. 30E
	Is gas actually connected?		When	
	Yes		8/1/68	

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

NOTE: Complete Parts IV and V on reverse side if necessary.

**VI. 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 is true and complete to the best of my knowledge and belief.



Christian Deleris - President

(Title)

January 29, 1988

(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 30 1988, 19 \_\_\_\_\_

BY \_\_\_\_\_

TITLE ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT SUPERVISOR

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	D. ff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, CR, 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 (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 Tanks	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/M/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size