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TELETYPE UNIT (10)		
BARNAPE		✓
FILE		✓
USCIB		✓
LAND OFFICE		
TRANSPORTER	GIL DAB	✓
OPERATOR		✓
PRODUCTION OFFICE		
CLOSING		

Franklin D. Inc.

Address P.O. Box 1658 CARLSBAD NM 88220

Reason 1) For filing (Check proper box)

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

Other (Please explain)

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

LC-029171-C

Lease Name KEYES	Well No. 3	Pool Name, Including Formation P.C.A. - YATES	Kind of Lease State, Federal or Fee FEDERAL	Lease No.
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Location _____
Unit Letter J : 1980 Feet From The SOUTH Line and 1980 Feet From The EAST Line
Line of Section 15 Township 20 SOUTH Range 30 EAST , NMPM, EDDY County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)

4001 PEARBROOK UDESSA, TX (9162)

Name of Authorized Transporter or Consignee's Use <input type="checkbox"/> <input type="checkbox"/>						
None					Is gas actually connected?	When
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.		
	J	15	200	30E	No	

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

COMPLETION DATA

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'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

[illegible]

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 oil
able 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

Post ID-3
8-24-82
J. H.

GAS WELL

GAS WELL		Bbls. Condensate/MMCF		Gravity of Condensate
Actual Pres. Test-MCF/D	Length of Test			
Testing Method (shot, back pr.)	Tubing Pressure (Shot-in)	Coating Pressure (Shot-in)		Choke Size

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.

Handwritten signature: A. J. S. J.

PRESTON

8.70-81

(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 22 1984, 19

BY Mike Williams

BY 1/1/76
TITLE OIL AND GAS INSPECTOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE III.

All sections of this form must be filled out completely for all
able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for change of owner,
well name or number, or transporter, or other such change of condition.

Separate Form C-104 must be filed for each pool in multi-completed wells.