Submit 5 Cooles
Appropriate District Office
DISTRICT!
P.O. Box 1980, Hobbs, NM 88240

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State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL SHUT-IN

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator			_			Well A	Pl No.			
Kerr-McGee Corpora	tion									
Address	milla TV	70100								
P. O. Box 250, Amai	71110, IX	79189		Othe	- (Places arm					
Reason(s) for Filing (Check proper box)	Other (Please expiain)									
New Weil =	Onl	ange in Trans	_	Flag-Red	ifern Oi	17 Co. w	as merq	ed into	1	
Recompletion \overline{X}	Casinghead G		_	Kerr-Mc(Gee Corp	on 6/	30/89 Š		i	
If shares at appropriate time as the	·									
and address of previous operator	ag-Redferi		o., P.O.	Box 110	050,_Mic	lland, ⊺	X 7970	2		
II. DESCRIPTION OF WELL			N					-		
Hargis	₩1		Name, include				Lease No.			
		1 10	archer -k	u c 2 (1.0	• /					
Location G	1650) _	N	orth Line	165	Λ -		Гэ о +		
Unit Letter		Feet	From The	OI CII Line	and	<u>U</u> Fe	et From The	Edst	Line	
Section 33 Towns	hip 30N	Rang	ge 12W	NI	(PM,		Ç 5.	n 1an	County	
38000 33 1040		N. B. L.	<u> </u>		11 174		79	n Juan	County	
III. DESIGNATION OF TRA	NSPORTER	OF OIL A	ND NATU	RAL GAS						
Name of Authorized Transporter of Oil		Condensate			address to w	nich approved	copy of thus f	orm is to be se	nt)	
									i	
Name of Authorized Transporter of Casi	nghead Gas	or D	ry Gas 🔃	Address (Giw	address to w	нися арргочеа	copy of thus f	orm is to be se	NL)	
If well produces out or liquids,	Laut ×	Unit sec Two Rge.			Is gas actually connected? When			7		
give location of tanks.	~			T THE		1				
If this production is commingled with the	at from any siner	case or pool,	give comming	ing order numb	er:					
IV. COMPLETION DATA			•	•						
1		ni Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resiv	Diff Res'v	
Designate Type of Completion	n - (X)	İ		İ		į i	İ	İ	i	
Date Spudded Date Compilikeady to Prod.				Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name a - ducing Formation				Top Oil/Gas	-ay		Tubing Depth			
Perforations							Depth Casing Shoe			
	7.	BING, CA	SING AND	CEMENTI	NG RECOR	<u> </u>	`			
HOLE SIZE CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
					-					
		- -								
_										
								· · · · ·		
V. TEST DATA AND REQU	EST FOR AL	LOWABL	Æ				· · · · · · · · · · · · · · · · · · ·			
OIL WELL Test must be after	r recovery of local	volume of la	ad oil and mus	t be equal to or	exceed top all	lowable for the	s depth or be	for full 24 hou	urs.) ,	
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas ift, etc.)					
							<u> </u>	1		
Length of Test	Tubing Pressu	rue		Casing Pressure			Choke Size			
							1			
Actual Prod. Dunng Test Oil - Bbis.				Water - Bbla			Gas- MCF			
							1 81.5			
GAS WELL									*	
Actual Prod. Test - MCF/D	Length of Ter	rt .		Bbls. Conder	MMCF		Gravity of	Condensate		
								The same and		
Testing Method (puot, back pr.) Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
VL OPERATOR CERTIF	CATE OF (COMPLI	ANCE				·			
I hereby certify that the rules and re-				(DIL COI	NSERV	ATION	DIVISIO	NC	
Division have been complied with a	id that the inform	auon given at								
is true and complete to the best of my knowledge and betief.				Date Approved			AUG 2 1 1989			
Jon 12 Delohi					A					
					Bu Bull Sund				/	
Signifure	м. э	` _		By_			•	- Carry		
	MgrCo	ons & Tid	<u>Unit.</u>			SUPER	RVISION	DISTRI	CT # 3	
As of June 30, 19	89 40	5/270-2		Title						
Date		Telephor								

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.
- 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.