

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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
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Address  
2533 S. HWY 101 #260 CARDIFF, CA 92007

Reason(s) for Filing (Check proper box) ☐ Other (Please explain)

New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Operator ☒ Casinghead Gas ☐ Condensate ☐

effect 12/92

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. Unit NW/4 Sec. 11 Twp. 12 Rge. 32	Is gas actually connected? YES When? 8-1-84

der number: PC-555

OPER. OGRID NO. 122912  
PROPERTY NO. 15218  
POOL CODE 9310  
EFF. DATE 6-23-94  
API NO. 30-025-08008

Now Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Depth			P.B.T.D.		
Oil/Gas Pay			Tubing Depth		
			Depth Casing Shoe		

MENTING RECORD

DEPTH SET	SACKS CEMENT

O-TRNSP. OGRID NO. 22628 WTR  
G-TRNSP. OGRID NO. 24650 2218350  
OIL POD NO. 2218310  
V GAS POD NO. 2218330

ual to or exceed top allowable for this depth or be for full 24 hours.)  
ucing 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 (puot, 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.

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

OIL CONSERVATION DIVISION

JUN 23 1994

Date Approved  
By  
Title  
ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

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.