Submit 5 Copies	ate District Office Energy, Minerals and Natural Resources Department							Form C.	 Form C-104		
DISTRICT I P.O. Box 1980, Hobbs, NM 88240								Revised See Instr	uctions		
	OI	L CO	NSERV		DIVISI	ON		at Botton	n of Page		
P.O. Drawer DD, Anesia, NM 88210 Santa Fe, New Mexico 87504-2088											
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION											
I.			SPORT OI								
Operator Kerr-McGee Corporat						_	API No.				
Address	·····							<u>,</u> ,,	· · · · · · · · ·		
One Marienfeld Plac Reason(s) for Filing (Check proper box)	e, Suite	<u>200, N</u>	1idland,	TX 797	701 her (Please exp	1-1-1					
New Well	Cha	age in Trai	nsporter of:		•				×		
Recompletion	Oil Casinghead Ga	L] Dry 6 🗌 Cor	Gas	Kerr-Ma	edfern O cGee Cor	p. on 6/	vas merg '30/89	ed into			
If change of operator give name	-Redfern				·						
<b>II. DESCRIPTION OF WELL</b>			<del>/</del>		<i></i> ,	+a	·/¥/UZ				
Lease Name	ing Formation Kind of Lease S				ite Lea	se No.					
Sunray State	1	Me	escalero	<u>(San An</u>	<u>dres)</u>	State,	Federal or Fee				
Unit LetterM	_ :330	Fee	From The S	outh Li	ne and	660 <sub>F</sub> .	et From The _	West	Line		
Section 11 Townshi	<b>1</b> 05	Ran			IMPM.			Lea	County		
								<u></u>			
III. DESIGNATION OF TRAN Name of Authonized Transporter of Oil	rX or C	ondensate				hich approved	copy of this fo	orm is to be sent	)		
Mobil Pipeline Compan Name of Authonized Transporter of Casing	il Pipeline Company				P. O. Box 900, Dallas, TX 75221 Address (Give address to which approved copy of this form is to be sent)						
Warren Petroleum Corp	phead Gas 🔀 or Dry Gas 🥅 Oration				<u>Box 158</u>				)		
If well produces oil or liquids, give location of tanks.	Unit     Sec.     Twp.     Rge.     Is gas actually connected?     When ?       M     11     10S     32E     Yes     NA										
If this production is commingled with that i						l	<u>NA</u>				
IV. COMPLETION DATA		Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Basin	Diff Bustu		
Designate Type of Completion	- (X)	i		İ.			Filly Dack		Diff Res'v		
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, atc.) Name of Producing Formation				Top Oil/Ges 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 REQUES	T FOR ALL	OWABL	.E								
OIL WELL (Test must be after re	ecovery of total vo							or full 24 hours.			
Date First New Oil Run To Tank	Date of Test			Producing M	ethod (Flow, p	ump, gas lýt, e	lc.)				
Length of Test	Tubing Pressure			Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.			Water - Bbia			Gas- MCF				
				l							
GAS WELL Actual Prod. Test - MCF/D	Length of Test			Bbis. Conder	AND T		Gravity of Co	a den care			
	-										
Testing Method (pilot, back pr.)	Tubing Pressure (Shui-in)			Casing Pressure (Shut-in)			Choke Size				
VL OPERATOR CERTIFIC									i		
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.					Date Approved AUG 8 1989						
Signature Ivan D. Geddie Mgr., Cons. & Unit.					ORIGINAL SIGNED BY JERRY SEXTON						
Signature Ivan D. Geddie Mar., Cons. & Unit					ByDISTRICT I SUPERVISOR						
Printed Name Title As of June 30, 1989 405/270-2124											
As of June 30, 1989 Date	405/	/270-2 Telephone	124 • No.					<u> </u>			

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.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.