mit 5 Copies
ropniale District Office
TRICT I . Box 1980, Hobbs, NM 88240

State of New Mexico erais and Natural Resources Department Energy, `

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

Well API No.

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

TRICT III
0 Rio Brazos Rd., Azzec, NM 87410

TRICT II
. Drawer DD, Artesia, NM 88210

erator

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Kerr-McGee Corp	oration										
iress				.0700							
P.O. Box 11050 son(s) for Filing (Check proper box)	Mid	land,	TX 7	9702	XX Other	r (Please expia	in)				
Well		Change in	Transport	uer of:		Change i		porter			
ompietion	Oil		Dry Gas			•					
nge in Operator	Casinghead	d Gas 🔲	Condens	_							
ange of operator give name											
address of previous operator											
DESCRIPTION OF WELL AND LEASE							Vind o	flasea m		ease No.	
se Name	Well No. Pool Name, Including			g Formation Assec Kind of State, Fo			rederal or Fee	Lease Fed Lease No. ederal or Fee NA			
Brown 35		1	Saw	yer, S	<u>an Andre</u>	s Gas					
ation	66	ο.			South	and 660	). E	et From The	East	Line	
Unit Letter P	_ :66	<u> </u>	_ Feet Fro	om The	South Line	and	re	t rom me_			
Section 13 Townshi	n	9S	Range	37E	, NN	<b>лРМ</b> ,	Lea			County	
Section 15 10Walling	<u>r</u>	<u>, , , , , , , , , , , , , , , , , , , </u>									
DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D NATU	RAL GAS			-641:-6	is es ha s		
me of Authorized Transporter of Oil X or Condensate						Address (Give address to which approved copy of this form is to be sent)  P.O. Box 2281 Midland, TX 79702					
Lantern Petroleum Company					Address (Give address to which approved copy of this form is to be sent)						
ime of Authorized Transporter of Casinghead Gas or Dry Gas Trident NGL, Inc.						P.O. Box 50250 Midland, TX 79710					
well produces oil or liquids,	Unit	Sec.	Twp. Rge.		Is gas actually connected? When						
e location of tanks.	P				yes			NA			
nis production is commingled with that	from any oth	ner lease of	pool, giv	e comming	ing order num	ber:					
COMPLETION DATA								,	1		
	an.	Oil We	ш	Gas Well	New Well	Workover	Doepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion					Total Depth		<u> </u>	P.B.T.D.	<u> </u>		
ie Spudded	Date Com	Date Compi. Ready to Prod.				Total Depair			r.b.1. <i>U</i> .		
vations (DF, RKB, RT, GR, etc.)  Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
											riorations
TUBING, CASING AND											
HOLE SIZE	IZE CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
	-										
					<del> </del>						
TEST DATA AND REQUE	ST FOR	ALLOV	VABLE				-				
LWELL (Test must be after	recovery of	total volum	e of load	oil and mus	t be equal to o	r exceed top al	lowable for th	is depth or be	for full 24 ho	nors.)	
e First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
					la in Den			Choke Size	Choke Size		
ength of Test	Tubing Pressure					Casing Pressure					
tual Prod. During Test Oil - Bbls.					Water - Bbis.			Gas- MCF			
tual Prod. During Test Oil - Bbls.										_	
										-	
FAS WELL  chial Prod. Test - MCF/D Length of Test					Bbls. Conde	nsate/MMCF		Gravity of	Condensate		
ar Flore Test - Michie											
ng Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
I. OPERATOR CERTIFI	CATE O	F COM	<b>IPLIA</b>	NCE		OIL CO	MCEDI	/ATION	ואועופו	ON	
I hereby certify that the rules and rep	guiations of th	ne Oil Con	servation				INOEU (	AIION	וטועוטו	<b>J</b> 11	
Division have been complied with a	ed that the ini	formation (	given abov	ve			•			. ): }	
is true and complete to the best of m	iy mowieage	ALL DELICE	•		Dat	e Approv	ed		<u></u>	<u>ا المالية المالية المالية الما</u>	
$\bigcirc$	Bini	Ten							N. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	M	
Signature Judy January						<u>tua est</u>	100 miles	<u>,,,,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,</u>	1008	· · · · · · · · · · · · · · · · · · ·	
Judy Benton		Anal	<u>yst I</u>	<u> </u>	- 11						
Printed Name October 1, 1991		015	<b>Title</b> 688-7	ากรจ	Titl	e					

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.