Submit 5 Copies Appropriate District Office	Energy
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL
DISTRICT II P.O. Drawer DD, Anesia, NM 88210	UIL
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQUEST
I	TOT
Operator	

State of New Mexico Transition State of New Mexico Transition

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

## QUEST FOR ALLOWABLE AND AUTHORIZATION

I	10 IH/	ANSPORT UIL		IURAL G				
Kerr-McGee Corpora	tion				Well	API No.		
Address One Marienfeld Plac	ce, Suite 200	, Midland,	TX 797	01				
Reason(s) for Filing (Check proper box)			- Ouh	er (Please expl	24R)			
New Well	Change in	a Transporter of:						
Recompleuoa	Oil 🗌	Dry Gas	гіад-ке	dfern Oi	I CO. V	vas merg	ged into	
Change in Operator	Casinghead Gas	Condensate	Kerr-Mc	Gee Corp	). on 6,	/30/89		
If change of operator give name and address of previous operator Elac	g-Redfern Oil	Co., P.O.	Box 110	50, Midl	and, T)	( 79702	)	
II. DESCRIPTION OF WELL	AND LEASE Weil No.	Pool Name, Iscludi			Kind	of Looper E		
Gandy 59	1	Sawyer (S		es) and		of Lease Fre Federal or Fe	d 063	55/ g
Location E	1980	_ Feet From TheN	lorth Lin	and <u>660</u>	F	et From The	West	Line
Section 28 Townsh	nip 95	Range 38	<u>Έ</u> ,Ν	MPM,			Lea	County
III. DESIGNATION OF TRA	NSPORTER OF O	IL AND NATU	RAL GAS					
Name of Authonzed Transporter of Oil	y or Conde		Address (Giv	e address io wi	ich approved	copy of thus f	orm is to be si	uni)
Lantern Petroleum Co	ompany	لسبا	P. O.	<u>Box 2281</u>	. Midla	and TX	79702	
Name of Authorized Transporter of Casin		or Dry Gas	Address (Giv	e address 10 wi	ick approved	com of thus !	orm is to be si	nt)
Cities Service Oil 6				Box 300,				
If well produces oil or liquids,	Uau Sec	Twp.   Rge.	ls gas actuali		When		102	
uve location of tanks.	<u>E 28</u>	95 38E	Ye	25		<u>NA</u>		
If this production is commingled with that IV. COMPLETION DATA	L from any other lease or	pool, give commingi	ing order numi	<b></b>				
Designate Type of Completion	Oui Weii   - (X)	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Oue Compl Ready I	Prud	Total Depth		•	P.B.T.D.	<b>.</b>	-4
Elevauons (DF, RKB, RT, GR, esc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations			L			Depth Case	g Shoe	
	TUBING,	CASING AND	CEMENTI	NG RECOR	D	<u> </u>		
HOLE SIZE	CASING & TI	JBING SIZE	DEPTH SET			SACKS CEMENT		
	-							
V. TEST DATA AND REQUE	ST FOR ALLOW	ABLE			· .			
OIL WELL (Test must be after	recovery of total volume	of load oil and must	be equal to or	exceed top allo	wable for thi	e depth or be j	for full 24 hou	rs.)
Date First New Oil Rus To Tank	Date of Test		Producing Me	ubod (Flow, pu	mp, gas lyt, a	HC.)		
Length of Test	Tubing Pressure		Casing Pressure			Choke Size		
Actual Prod. During Test	Otl - Bbis.		Water - Bbla.			Gas- MCF		
GAS WELL	_ <u>_</u>				<u>_</u>	<u>L</u>		
Actual Prod. Test - MCF/D	Length of Test		Bola. Conden	MMCF		Gravity of C	ondensate	
	-							

Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
I hereby certify that the rules and r	and that the information gives above	Date Approved _	RVATION DIVISION
Signature Ivan D. Geddi	e Mar. Cons. & Uni		CT I SUPERVISOR
Printed Name As of June 30, 198 Date	Title	Title	

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.