Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

I.

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator			11101	0, ,,	L AND N	TIONAL					
KELT OIL & GAS, INC.							Well	API No. 30-005-20211			
Address P. O. BOX 1493, RO)SWFII N	IM 8820	12				1				
Reason(s) for Filing (Check proper box		11 0020			Ot	her (Please exp	lain)				
New Well		Change in	Transp	orter of:	٠. ب						
Recompletion	Oil		Dry G		/AVV 1	אמתדמים אין	IT ACCTO		7077		
Change in Operator	Casinghea	d Gas 🔀	Conde	nsate 🗌	(0)1	IO IKIDEN	T ASSIG	NMENT EFF	SCTIVE	8/30/	91 .
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WEL	L AND LEA										
CAMO CAN AND DEC THE TO THE TOO INCIDEN								of Lease No. Federa Dor Fee			
Location		_	·						1		
Unit LetterI	:198	0	Feet Fr	rom The	SOUTH Li	ne and66	<u>O</u> F	eet From The	EAST	Lir	e
Section 14 Towns	hip 8 SOU	TH	Range	30 EA	ST , N	ІМРМ,		CHAVE	ls	County	
III. DESIGNATION OF TRA	NSPORTE	R OF OI	LAN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil PRIDE PIPELINE CO.	Address (Give address to which approved copy of this form is to be sent)										
Name of Authorized Transporter of Casinghead Gas Or Dry Gas					P. O. BOX 2436, ABILENE, TX 79604 Address (Give address to which approved copy of this form is to be sent)						
TRIDENT NGL, INC. If well produces oil or liquids.	1 11-2	Usia I c Im			P. O. BOX 50250, MIDLAND, TX 79710						
give location of tanks.	_ii	Ī	Twp.	J	Is gas actual		Wher	?			
If this production is commingled with the IV. COMPLETION DATA	t from any other	r lease or p	ool, giv	e comming	ling order num	ber:					
Designate Type of Completion	n - (X)	Oil Well	1	Gas Well	New Well	Workover	Deepen	Plug Back Sar	ne Res'v	Diff Res'v	
Date Spudded	Date Compl	Date Compl. Ready to Prod.				•	-	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Top Oil/Gas Pay Tubing Depth					
Perforations								Depth Casing Shoe			
	T	JBING.	CASIN	IG AND	CEMENTI	NG RECOR	D				
HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SAC	SACKS CEMENT		
											\Box
											\dashv
. TEST DATA AND REQUE	ST FOR A	LLOWA	BLE								
OIL WELL (Test must be after Date First New Oil Run To Tank	recovery of total	il volume o	fload o	il and must	be equal to or	exceed top allo	wable for this	depih or be for fu	ul 24 hour	s.)	
	Date of Test				Producing Me	thod (Flow, pu	mp, gas lift, e	tc.)			
ength of Test	Tubing Press	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.	· · · · · · · · · · · · · · · · · · ·		Gas- MCF			
GAS WELL	<u> </u>										لـــا
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
T. OPERATOR CERTIFIC				CE	_						
I hereby certify that the rules and regul Division have been complied with and is true and complete to the best of my	that the inform	ation given	tion above			DIL CON	SERVA	/ION DIV ا	/ISIO 1 199	-	
mak a A	A. A	Jeliel.			Date	Approved	<u> </u>				
Signature Signature					By ORIGINAL SECNED BY JERRY SEXTON						
MARK A. DEGENHART PETROLEUM ENGINEER					DISTRICT SUPERVISOR						
Printed Name OCTOBER 16 1991	(505	T - QOS ()	iide 6166		Title_						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.

Telephone No.

- 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.