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STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

SEP 20 '88

Form C-104
Revised 10-01-78
Format 06-01-83
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GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input type="checkbox"/>

OIL CONSERVATION DIVISION O. C. D.
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501
ANTHONY, OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
KELT OIL & GAS INC.

Address
P.O. BOX 1493 ROSWELL NEW MEXICO 88201

Reason(s) for filing (Check proper box)
☐ New Well
☐ Recompletion
☒ Change in Ownership
 Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate
 Other (Please explain)
 Effective 5 AUG 88

If change of ownership give name and address of previous owner
 AMOCO PRODUCTION COMPANY P.O. BOX 68 HOBBS NM, 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name State JA	Well No. 1	Pool Name, Including Formation Lost Lakes Strawn Gas	Kind of Lease State, Federal or Fee State	Lease No. L-4920
Location Unit Letter <u>F</u> : 1980 Feet From The <u>North</u> Line and 1980 Feet From The <u>West</u> Line of Section <u>36</u> Township <u>8 South</u> Range <u>29 East</u> , NMPM, <u>Chaves</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Western Oil Transportation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183 Houston, TX 77001	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Cities Service	Address (Give address to which approved copy of this form is to be sent) P.O. Box 300 Tulsa OK, 74102	
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 36
	Twp. 8S	Rge. 29E
Is gas actually connected?	When 8 JUL 83	

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.



Petroleum Engineer

(Title)

SEP 28

(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 21 1988, 19

BY Original Signed By
Mike Williams

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple completed wells.

8-11-17

9-11-17

10-11-17

11-11-17

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**OCD
HOBBS OFFICE**