

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

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

JUL 31 '89

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Submit To:			
File			
Transporter	Oil		
Operator	Gas		

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I. TO TRANSPORT OIL AND NATURAL GAS

Operator O. C. D. Well API No. _____
Kerr-McGee Corporation ARTESIA, OFFICE

Address One Marienfeld Place, Suite 200, Midland, TX 79701

Reason(s) for Filing (Check proper box) _____ Other (Please explain) _____

New Well _____ Change in Transporter of: _____
Recompletion _____ Oil _____ Dry Gas _____
Change in Operator X Casinghead Gas _____ Condensate _____
Flag-Redfern Oil Co. was merged into
Kerr-McGee Corp. on 6/30/89

If change of operator give name and address of previous operator Flag-Redfern Oil Co., P.O. Box 11050, Midland, TX 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name U.S. Federal Well No. 1 Pool Name, including Formation Pecos Slope (ABO)(Gas) Kind of Lease Fed Lease No. US NM22846

Location A
Unit Letter 0 : 660 Feet From The South Line and 1980 Feet From The East Line
Section 6 Township 5S Range 25E , NMPM, Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil _____ or Condensate _____ Address (Give address to which approved copy of this form is to be sent) _____

Name of Authorized Transporter of Casinghead Gas _____ or Dry Gas X Address (Give address to which approved copy of this form is to be sent) _____
Transwestern Pipeline Company P. O. Box 2521, Houston, TX 77252

If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When ?
Yes NA

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res v	Diff Res v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			<u>Post ID-3</u>
			<u>8-4-89</u>
			<u>chg op name</u>

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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

Signature Ivan D. Geddie
Printed Name Ivan D. Geddie Title Mgr., Cons. & Unit.
Date As of June 30, 1989 Telephone No. 405/270-2124

OIL CONSERVATION DIVISION

Date Approved AUG 1 1989
By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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.