

RECEIVED

OIL CONSERVATION DIVISION

P. O. BOX 7088

JUN 24 1992

SANTA FE, NEW MEXICO 87501

O.C.D.
LAND OFFICEREQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF PERMITS RECEIVED	
DATE OF PERMIT	
SANTA FE	
FILE	
U.S.D.	
LAND OFFICE	
TRANSPORTER	☐ OIL ☐ GAS
OPERATION	
PRODUCTION OFFICE	
Operator	

KAYTAY Oil Co.

Address 885 E. Aberdeen Rd HAGERMAN N M 88232

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☒	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

If change of ownership give name
and address of previous owner

ZIA Enterprises

PO Box 1306 Artesia N M 88210

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Trad-2	Well No.	8	Pool Name, Including Formation	"LL" Queen Assoc	Kind of Lease	State Federal or Fee	Lease No.	K-6772
Location									
Unit Letter	F	2146	Feet From The	NORTH	Line and	2475	Feet From The	WEST	
Line of Section	24	Township	14-5	Range	29-E	MAPLE	CHAVEZ	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)					
AAVAJO Ref. Co	PO Box 159 Artesia N M					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	24	14	29	No	

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 as No. 1	Unit No.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		R.P.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

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 oil
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	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

posted 7D-3
7-31-92
ENG OP

GAS WELL

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

I. 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.

FREO G. Jones

(Signature)

(Date)

6-22-92

505-752-3354

(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 29 1992

BY ORIGINAL SIGNED BY

MIKE WILLIAMS

TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 100.

If this is a request for allowable for a newly drilled or deepened
well, this form must be accompanied by a tabulation of the deviate
tests taken on the well in accordance with RULE 111.All portions of this form must be filled out completely for allow-
able 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 Form C-104 must be filed for each pool in multiple
completion of wells.