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

State of New Mexico Energy, Minerals and Na ural Resources Department

## OIL CONSERVATION DIVISION

Form C-104 Revised 1-1-89 See Instructions

RELEIVED

P.O. Box 2088 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088 DEC 0 7 1993 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION Ç. D TO TRANSPORT OIL AND NATURAL GAS Well API No. 30-015-00282 Operator INC K.C RESOURCES,

ddress 2533 S HWY 101	#260		CAF	RDIFF,	CA 920						
ason(s) for Filing (Check proper box)					Other	(Please explai	n)				
ew Well		Change in	Transport	er of:							
ecompletion	Oil		Dry Gas					effective 12192			
hange in Operator	Casinghead	Casinghead Gas Condensate						ette (toc			
change of operator give name			TNO	^							
d address of previous operator	RESO		, 11N	<u>~</u>	<del> </del>						
. DESCRIPTION OF WELL	AND LEA	Well No.	Pool Na	me Includin	g Formation			Lease	Le	se No.	
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Unit LetterJ	_ : <u>10</u>	50	Feet Fro	m the	Jucii Die	apo			-		
Section 15 Townshi	<b>n</b> 18	S	Range	26E	, NM	IPM,	Edo	ly		County	
Secuoli											
II. DESIGNATION OF TRAN	SPORTE	R OF O	IL ANI	D NATUI	RAL GAS	address to wh	ich annemed	copy of this fo	rm is to be se	u)	
Name of Authorized Transporter of Oil		or Conden	sate		Addition (One						
NRC NRC	about Car		or Dry	Gas 🗍	Address (Give	address to wi	ich approved	copy of this fo	rm is to be se	nt)	
Name of Authorized Transporter of Casin	Susan Cas		0. 2.,								
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OIL WELL (Test must be after re	covery of local volume of local or	Producing Method (Flow, pump, gas lift, etc	c.)	
Date First New Oil Run To Tank	Date of Test	Producing Method (Prow, purity, gas 191, 221)		
		Casing Pressure	Choke Size	
Length of Test	Tubing Pressure	Casing		
		Water - Bbls.	Gas- MCF	
Actual Prod. During Test	Oil - Bbls.			

Tubing Pressure (Shut-in) Testing Method (pitot, back pr.)

**GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Length of Test Actual Prod. Test - MCF/D Choke Size Casing Pressure (Shut-in)

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.

12-3-93

Date

Kes 1	Vers	<del>/</del>	
Signature REINER KLA	WITER	PRESIDENT	
Printed Name 12-3-93	(619)	Title 943-8448	_

OIL CONSERVATION DIVISION

JUN \*\*\* 5 1994 Date Approved \_\_\_\_ SUPERVISOR DISTRICT II By. 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.

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.