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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

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JUL 1 1974

Operator Kewanee Oil Company		O. C. C. ARTESIA, OFFICE
Address P. O. Box 3786, Odessa, Texas 79760		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Kaiser Communitized	Well No. 1	Pool Name, Including Formation Red Lake Penn	Kind of Lease 30% Pooled Fee	Lease No. XXXXXXXXXX
Location				
Unit Letter C	660	Feet From The North	Line and 2020	Feet From The West
Line of Section 18	Township 18-S	Range 27-E	NMPM, Eddy	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"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Refg. Co., Pipeline Division	North Freeman Avenue, Artesia, NM 80210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Southern Union Gas Company	8350 N. Central Expressway, Dallas, TX 75206
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
C 1 18-S 27-E	No Yes 2-26-75

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.
		X	X					
Date Spudded 2-28-74	Date Compl. Ready to Prod. 4-22-74	Total Depth 9360'	P.B.T.D. 9305'					
Elevations (DF, RKB, RT, GR, etc.) 3287' Gr	Name of Producing Formation Morrow	Top Oil/Gas Pay 9094'	Tubing Depth 9003'					
Perforations 9094', 97', 9100', 02', 04', 06', 08', 63-1/2', 65', 78', 79', 81', 83', 85', 87', 89', 91' & 93' (18 holes)			Depth Casing Shoe 9357'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
20"	16"	201.00'	300					
15"	11-3/4"	1191.77'	650					
11"	8-5/8"	1995.75'	450					
7-7/8"	5-1/2"	9356.82'	400					

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 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

GAS WELL

Actual Prod. Test-MCF/D 8237	Length of Test 4 hours	Bbls. Condensate/MMCF 2.244	Gravity of Condensate 49.4
Testing Method (pitot, back pr.) Back Pr.	Tubing Pressure (Shut-in) 3010	Casing Pressure (Shut-in) Packer	Choke Size 28/64"

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

E. F. Sturges
(Signature)

District Manager
(Title)

June 26, 1974
(Date)

OIL CONSERVATION COMMISSION
FEB 27 1975

APPROVED _____, 19____
BY W. D. Smith

TITLE SUPERVISOR, DISTRICT II

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 multiply completed wells.