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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
RECEIVED BY
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
MAY 13 1986
O. C. D.
ARTESIA, OFFICE

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-85

Operator
Kaiser-Francis Oil Company
Address
P. O. Box 21468, Tulsa, OK 74121-1468
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Effective 1/1/86

If change of ownership give name and address of previous owner
Mesa Petroleum Company, Box 2009, Amarillo, TX 79189

DESCRIPTION OF WELL AND LEASE
Lease Name: ANTELOPE FEDERAL
Well No.: 1
Pool Name, including Formation: Eddy Undesignated ABO
Kind of Lease: State, Federal or Fee Federal
Lease No.: NM-10889
Location
Unit Letter: F
1980 Feet From The North Line and 1980 Feet From The West
Line of Section: 22
Township: 18S
Range: 23E
NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☒
Permian Corporation
Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1183, Houston, TX 77251-1183
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒
Northern Natural Gas
Address (Give address to which approved copy of this form is to be sent)
2223 Dodge St., Omaha, NB 68102
If well produces oil or liquids, give location of tanks.
Unit: F
Sec.: 22
Twp.: 18S
Rge.: 23E
Is gas actually connected? Yes
When: 11/13/80

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

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

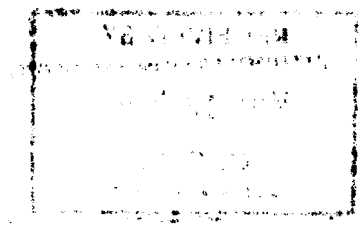
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE
CASING & TUBING SIZE
DEPTH SET
SACKS CEMENT
Post FD-3
5-16-86
Chg Op

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lead 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
Length of Test
Bbls. Condensate/MCF
Gravity of Condensate
Testing Method (pilot, back pr.)
Tubing Pressure (Shut-In)
Casing Pressure (Shut-In)
Choke Size

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.
Charlotte Van Vliet
Production Administrator
(Title)
5/5/86
(Date)

OIL CONSERVATION COMMISSION
APPROVED MAY 13 1986
BY Original Signed By Mike Williams
TITLE Oil & Gas Inspector
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.



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MAY 12 1986
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HOBBS OFFICE