Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240	State of Ne ergy, Minerals and Natu	ural Resources Depart	Form C-104 Revised 1-1-89 See Instructions at Bottom of Page
DISTRICT II	OIL CONSERVA		* DOMAN OF LASE
P.O. Drawer DD, Artenia, NM 88210	P.O. Bo Santa Fe, New Me		10036
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR ALLOWAE		43935
I		AND NATURAL GAS	ION
Operator			Well API No.
Kaiser-Francis Oil Address	Company		
P. O. Box 21468, Tu Reason(s) for Filing (Check proper box)	ilsa, OK 74121-1468		
New Well	Change in Transporter of:	Other (Please explain)	
Recompletion	Oil X Dry Gas Casinghead Gas Condensate		effective 3/1/91
If change of operator give name and address of previous operator			
II. DESCRIPTION OF WELL AND LEASE			
Lease Name	Well No. Pool Name, Includin	ng Formation Shugart	Kind of Lease No.
Edwards-Federal	1 Yates 7 Rv	vrs Queen Grayburg	State, federal or Fee LC029389A
Unit Letter 0 Feet From The South Line and Feet From The East Line			
Section 9 Townshi			
			Eddy County
EDIT 5:5912N& PECHINGH PRANSPORTER OF OIL AND NATURAL GAS Name 1900 11:00 11 1:00 1:00 1:00 1:00 1:00			
Enron Oil Trading & Tr	ansportation Company on	Box 1188, Houston	TX 77251-1188
Name of Authorized Transporter of Casing	ghead Gas	Address (Give address to which a	opproved copy of this form is to be sent)
None If well produces oil or liquids, give location of tanks.		Is gas actually connected?	When ?
If this production is commingled with that	0 9 18S 31E from any other lease or pool, give commingli	ing order number:	
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover D	epen Flug Back Same Res'v Diff Res'v
Designate Type of Completion	- (X)	i i i	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, elc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
D'HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE		
The second		DEPTH SET	SACKS CEMENT
The second			
V. TEST DATA AND REQUES OIL WELL (Test must be after ro			
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.)			
Leasth of Test			(EN)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Cal Mer
GAS WELL Actual Prod. Test - MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
			Gravity of Condensate
Testing Method (pitol, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-ia)	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		OIL CONSERVATION OIL CONSERVATION	
is true and complete to the best of my knowledge and belief.		Date Approved MAR 8 1907	
(Da. Ta	Chentura	Date Approved _	
Signature (By ORIGINAL SIGNED BY	
Charlotte Van Valkenbur Printed Name	rg, Technical Coordinato Tide	MIKE	WILLIAMS
2/27/91	918-491-4314	Title SUPE	RVISOR, DISTRICT I
Date	Telephone No.		

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.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.