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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE

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

AUTHORIZED BY
MAY 13 1986
O. C. D.
ARTESIA, OFFICE

I. OPERATOR
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: Oil Dry Gas Effective 1/1/86
 Recompletion Oil Castinghead Gas Condensate
 Change in Ownership

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name FRANK STATE	Well No. 1	Pool Name, including Formation *Runyan Ranch (Morrow)	Kind of Lease State, Federal or Fee State	Lease No. LG-5025
Location Unit Letter I ; 2130 Feet From The South Line and 660 Feet From The East Line of Section 7 Township 19S Range 23E , 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"/> 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 Castinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> 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 Sec. Twp. Rge. Is gas actually connected? When I 7 19S 23E Yes 1/4/80

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.
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		Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
				Post FO-3 5-16-86 Chg AP				

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

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.

Charlotte Van Valkenburg
Charlotte Van Valkenburg
Production Administrator
(Title)
5/5/86
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 13 1986, 19____
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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