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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

JAN 11 '91

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Kaiser-Francis Oil Company	Well API No. 30-015-21521
Address P. O. Box 21468, Tulsa, OK 74121-1468	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE E. Catclaw Draw				
Lease Name AM Federal	Well No. 1	Pool Name, Including Formation Avalon (Delaware)	Kind of Lease State, Federal or Fee	Lease No. 0491036
Location				
Unit Letter 0	660	Feet From The South Line and 1980	Feet From The East Line	
Section 8	Township 21S	Range 26E	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)			
Permian	P. O. Box 1183, Houston, TX 77251-1183			
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)			
Gas Co. of N. Mexico	P. O. Box 26400, Albuquerque, NM 87125			
Nat. Gas PL Co. of America	P. O. Box 283, Houston, TX 77001			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	0	8	21S	26E
Is gas actually connected?	When?			
Yes	8/7/75			

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		x		x	
Date Spudded 4/28/75	Date Compl. Ready to Prod. 11/16/90		Total Depth 10973		P.B.T.D. 4195				
Elevations (DF, RKB, RT, GR, etc.) 3242 Gr.	Name of Producing Formation Delaware		Top Oil/Gas Pay 4046		Tubing Depth 3945				
Perforations 4046'-4062'					Depth Casing Shoe -				
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17 1/2	13 3/8		502		Post ID-2 650				
12 1/4	8 5/8		2012		2-1-91 1535				
7 7/8	5 1/2		10973		comp. Del 1140				
1-17 Mar.									

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 Tank	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/MMCF	Gravity of Condensate
959	5 1/2 hrs.	3	50.2
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
back pr.	1222	-	14/64

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.	
C. Jan Valkenburg	
Signature	
Charlotte Van Valkenburg, Tech. Coordinator	
Printed Name	Title
1/7/91	918-491-4314
Date	Telephone No.

OIL CONSERVATION DIVISION	
Date Approved APR 19 1991	
By	ORIGINAL SIGNED BY
	MIKE WILLIAMS
Title	SUPERVISOR, DISTRICT I

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.
- 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.