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 Appropriate District Office
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 P. O. Box 1980, Hobbs, NM 88240

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 P. O. Box 21468, Artesia, NM 88210

State of New Mexico
 Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
 P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

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

RECEIVED

SEP 30 1991

O. C. D.
 ARTESIA OFFICE

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

Operator Kaiser-Francis Oil Company ✓		Well API No.
Address P. O. Box 21468, Tulsa, OK 74121-1468		
Reason(s) for Filing (Check proper box)		<input checked="" type="checkbox"/> Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:	Dually completed
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"/>	
Change of operator give name and address of previous operator _____		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bindel Federal Com	Well No. 1	Pool Name, Including Formation So. Carlsbad (Morrow)	Kind of Lease State, Federal or Fee	Lease No. NM-9550
Location Unit Letter <u>C</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>9</u> Township <u>23S</u> Range <u>27E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
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)
El Paso Natural Gas Co.	P. O. Box 1492, El Paso, TX 79978
Does well produce oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When ?
	C 9 23S 27E Yes 6/9/78
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 recompl started 7/8/91	Date Compl. Ready to Prod. 7/17/91	Total Depth 12205		P.B.T.D. 11596				
Perforations 11531 - 11544	Name of Producing Formation Morrow	Top Oil/Gas Pay 11531		Tubing Depth 11491				
				Depth Casing Shoe -				

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	364	475
11	8 5/8	5566	2875
7 7/8	4 1/2	12205	1350

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 30	Length of Test 4 hrs.	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (pilot, back pr.) Orifice	Tubing Pressure (Shut-in) 3080	Casing Pressure (Shut-in) pkr	Choke Size 9/64

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
 9/13/91
 Date
 918-491-4314
 Telephone No.

OIL CONSERVATION DIVISION

Date Approved **NOV 14 1991**

By **ORIGINAL SIGNED BY
 MIKE WILLIAMS**

Title **SUPERVISOR, DISTRICT #**

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.