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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	✓
OPERATOR		✓
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE RECEIVED BY
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
MAY 10 1984
O. C. D.
ARTESIA, OFFICE

I. Operator KAISER-FRANCIS OIL COMPANY
Address P.O. BOX 21468 TULSA, OKLAHOMA 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) CHANGE OF OWNERSHIP 4-1-84
CHANGE OF OPERATOR 7-1-84

If change of ownership give name and address of previous owner AMINOIL INC., 8000 E. MAPLEWOOD, STE. 333, ENGLEWOOD, CO 80111

II. DESCRIPTION OF WELL AND LEASE
Lease Name VASQUEZ COM Well No. 1 Pool Name, Including Formation MALAGA ATOKA Kind of Lease FEE Lease No.
Location Unit Letter F 2310 Feet From The NORTH Line and 1925 Feet From The WEST
Line of Section 3 Township 24 SOUTH Range 28 EAST , NMFM, EDDY County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)
EL PASO NATURAL GAS COMPANY P.O. BOX 1384, JAL, NEW MEXICO 88252
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When
YES 12-19-80

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
Perforations Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

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/MMCF Gravity of Condensate
Testing Method (pilot, 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
PRODUCTION ADMINISTRATOR
5-3-84

OIL CONSERVATION COMMISSION
MAY 10 1984
APPROVED BY TITLE
This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III and VI for changes of ownership, well name or number, or transporter, or other such change of conditions.
Separate Forms C-104 must be filed for each pool in multi-completed wells.