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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

SEP - 7 1993

A.C.D.

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

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CLSF
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GT
BP

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Kaiser-Francis Oil Company	Well API No. 30-015-23300
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	

I. DESCRIPTION OF WELL AND LEASE

Lease Name Vasquez Com	Well No. 1	Pool Name, Including Formation Malaga (Delaware)	Kind of Lease State, Federal or <u>Fee</u>	Lease No. -
Location				
Unit Letter F	: 2310	Feet From The North	Line and 1925	Feet From The West
Section 3	Township 24S	Range 28E	NMPM, Eddy County	

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate EOTT Energy Corp.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1188, Houston, TX 77251-1188					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, TX 79978					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 3	Twp. 24S	Rge. 28E	Is gas actually connected? No-not currently	When ?
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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 5/31/80	Date Compl. Ready to Prod. 7/1/93	Total Depth 12746	P.B.T.D. 9350					
Elevations (DF, RKB, RT, GR, etc.) 3018.6 GR	Name of Producing Formation Delaware	Top Oil/Gas Pay 6096	Tubing Depth 6072					
Perforations 6096' - 6181' o.a.		Depth Casing Shoe						

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	2509	2440
12 1/4	9 5/8	9860	2960
8 1/2	(Liner) 7 5/8	9565 - 12008	550
6 1/2	(Liner) 4 1/2	11756 - 12744	120

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 7/1/93	Date of Test 8/23/93	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test	Oil - Bbls. 10	Water - Bbls. 128	Gas - MCF TSTM -

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. 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.

Signature
Charlotte Van Valkenburg, Technical Coordinator
Printed Name
8/31/93
Date
918-491-4314
Telephone No.

OIL CONSERVATION DIVISION

Date Approved
SEP 14 1993

By
ORIGINAL SIGNED BY

MIKE WILLIAMS
Title
SUPERVISOR, DISTRICT II

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.