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State of New Mexico  
Energy, Minerals and Natural Resources DepartmentForm C-104  
Revised 1-1-89  
See Instructions  
at Bottom of PageSubmit 5 Copies  
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

MAR 13 '90

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Kaiser-Francis Oil Company ✓		Well API No. 30-015-2352200
Address P. O. Box 21468, Tulsa, OK 74121-1468		
Reason(s) for Filing (Check proper box) 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		S. Culebra Bluff Bone Springs	
Lease Name Cavalier	Well No. 1	Pool Name, Including Formation Loving, N. (Bone Springs)	Kind of Lease State, Federal or Fee
Location Unit Letter J : 2310 Feet From The South Line and 1650 Feet From The East Line		Lease No. -	
Section 28 Township 23S Range 28E, NMPM,		Eddy County	

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	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 Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) -					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 28	Twp. 23S	Rge. 28E	Is gas actually connected? No	When? 1/90

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 <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 1/12/90	Date Compl. Ready to Prod. 2/4/90		Total Depth 12950			P.B.T.D. 9350		
Elevations (DF, RKB, RT, GR, etc.) 3086 RKB	Name of Producing Formation Mid. Bone Springs		Top Oil/Gas Pay 7842			Tubing Depth 8079		
Perforations 7842'-65'; 7881'-94'						Depth Casing Shoe n/a		

## TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
18 1/2	16	465	710
14 3/4	10 3/4	2400	2100
9 7/8	7 5/8	10601	1400
6 1/4	5 (Liner)	10365-12945	350

## V. TEST DATA AND REQUEST FOR ALLOWABLE 7 5/8 DV Tool Set @ 5286' w/1250 sxs

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.)		Producing Method (Flow, pump, gas lift, etc.) Pump	
Date First New Oil Run To Tank 1/18/90	Date of Test 2/27/90	Casing Pressure 30	Choke Size -
Length of Test 24 hrs	Tubing Pressure -	Water - Bbls. 7	Gas - MCF -
Actual Prod. During Test 29	Oil - Bbls. 22		

## 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.

*C. Jan Valkenburg*  
Signature  
Charlotte Van Valkenburg, Coordinator  
Printed Name  
3/9/90  
Date  
918-494-0000  
Telephone No.

## OIL CONSERVATION DIVISION

Date Approved JUN 8 1990

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.