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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  
MAY 25 1993  
Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

C.L.D.  
MAY 25 1993

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

Operator <b>Kaiser-Francis Oil Company</b> ✓	Well API No. 30-015-27237
Address P. O. Box 21468, Tulsa, OK 74121-1468	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Change in Transporter of: Recompletion <input 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"/> <input type="checkbox"/> Other (Please explain) _____	
If change of operator give name and address of previous operator _____	

### II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Pure Gold B Federal</b>	Well No. 3	Pool Name, Including Formation W. Sand Dunes (Delaware)	Kind of Lease State, <u>Federal</u> or Fee	Lease No. NM-38463
Location Unit Letter <u>0</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>East</u> Line Section <u>20</u> Township <u>23S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> County				

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

Name of Authorized Transporter of Oil or Condensate <b>EOTT Energy Corp.</b> <b>EOTT Energy Operating LP</b>	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 or Dry Gas <b>El Paso Natural Gas Company</b>	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 <u>0</u> Sec. <u>20</u> Twp. <u>23S</u> Rge. <u>31E</u>	Is gas actually connected? <u>No</u> When? <u>Approx. 5/93</u>

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

### V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <u>2/14/93</u>	Date Compl. Ready to Prod. <u>4/29/93</u>	Total Depth <u>8100</u>	P.B.T.D. <u>8048</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3343 GR</u>	Name of Producing Formation <u>Delaware</u>	Top Oil/Gas Pay <u>7723</u>	Tubing Depth <u>7704</u>					
Perforations <u>7723 - 7883 o.a.</u>			Depth Casing Shoe <u>8100</u>					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>17 1/2</u>	<u>13 3/8</u>	<u>730</u>	<u>650</u>					
<u>12 1/4</u>	<u>8 5/8</u>	<u>4100</u>	<u>1275</u>					
<u>7 7/8</u>	<u>5 1/2</u>	<u>8100</u>	<u>560</u>					
<u>DV Tool</u>	<u>5 1/2</u>	<u>6281</u>	<u>730</u>					

### VI. 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 <u>4/29/93</u>	Date of Test <u>5/4/93</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flow</u>	
Length of Test <u>17 hours</u>	Tubing Pressure <u>600</u>	Casing Pressure <u>1100</u>	Choke Size <u>16/64</u>
Actual Prod. During Test	Oil - Bbls. <u>209</u>	Water - Bbls. <u>95</u>	Gas - MCF <u>354</u>

### 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

### 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 Technical Coordinator  
Printed Name 5/24/93 Title 918-491-4314  
Date Telephone No.

### OIL CONSERVATION DIVISION

Date Approved MAY 28 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.