Submit 5 Copies Appropriate District Office <u>BISTRICT</u> il P.O. Box 1980, Hobbs, NM 88240			State of Ne nerals and Natu	ural Resource	•		موسية معلم المعلم الم	Form C- Revised See Insta at Botton	1.1.89 4 7	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	U		P.O. Bo	ox 2088			AR 1 9	1993	υr	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	DEOUER		a Fe, New Me				0. C. D).		
I.			RALLOWAE				170.94	PAR F		
Operator Keisen Energia Of			/			Well A				
Kaiser-Francis Oi Address	30-015-27238									
P. O. Box 21463, Reason(s) for Filing (Check proper box)	Tulsa, OK	7412	21-1468	C Othe	r (Please explai			<u>.</u>		
New Well	Cha	nge in Tr	ansporter of:		i (r iease expiai	nj s _{ef} or soj Filoz		3.48 MUS 5/2	NOT BE	
Recompletion Change in Operator	Oil Casinghead Gas		ondensate					7/20	2193.	
If change of operator give name and address of previous operator				····		tere el.		OSTAINE	D	
II. DESCRIPTION OF WELL	AND LEASE	t.	15.11	1			-		· · · · · · · · · · · · · · · · · · ·	
Lease Name	- A CANAL								Lease No.	
Pure Gold B Feder	al	<u>4 -{u</u>	Indesignat	ed (Dela	ware)	State,	Federal or Fee	NM-38	8463	
Unit Letter P	. 660	Fe	eet From The S	outh_Line	and666) Fe	et From The _	East	Line	
Section 20 Township	<u>23S</u>	R	ange 31	<u>e , nn</u>	IPM,]	Eddy		County	
III. DESIGNATION OF TRAN	SPORTER C	F OIL	AND NATU	RAL GAS						
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oi EOTT Energy Corp.		ondensat		Address (Give	address to whi					
EOTT Energy Corp. Name of Authorized Transporter of Casing	theat Hectives	perati		· · · · · · · · · · · · · · · · · · ·	ox 1188,					
El Paso Natural Gas Co				Address (Give address to which approved P. O. Box 1492, El Pas						
If well produces oil or liquids, give location of tanks.	Unit Sec.	20 20	wp. Rge. 23S 31E	ls gas actually	connected? No	When		ox. 3/93	、	
If this production is commingled with that f IV. COMPLETION DATA								1	······································	
Designate Type of Completion	- (X)	l Well X	Gas Well	New Well	Workover	Deepen	Flug Back	Same Res'v	Diff Res'v	
Date Spudded 1/30/93	Date Compl. Re	ady to Pr		Total Depth	8100		P.B.T.D.	8062	1	
Elevations (DF, RKB, RT, GR, etc.)	3/5/93 Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
3344 Gr.	Delaware			7734			7600 Depth Casing Shoe			
7734' - 7896'	o.a.						Deput Casin	g 5noe		
	TUBING, CASING AND									
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET 700			650 Part ED-2			
11	8 5/8			4100			1200 4-2-93			
7.7/8	5 1/2			8100					comp + BK	
7 7/8 V. TEST DATA AND REQUES		Tool OWAB			6192		<u> </u>	675		
OIL WELL (Test must be after re Date First New Oil Run To Tank	ecovery of total vo			*				or full 24 how	rs.)	
3/5/93	Date of Test	3/9/	/93	Producing Me	thod (Flow, pun	np, gas iifi, e	-	Low		
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
17 hrs. Actual Prod. During Test	200 Oil - Bbls.			1300 Water - Bbls.			32/64 Gas- MCF			
Letter a row around a vol	284		4	WATER - BOIR.			240			
GAS WELL	±			·			I			
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitor, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	LATE OF CC			\r			L			
I hereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				Date Approved MAR 2 3 1993						
1.2 7	a ka	R		Date	Abbronec				***	
Signature Technical					ByORIGINAL SIGNED BY					
Charlotte Van Valkenburg Coordinator				MIKE WILLIAMS						
Printed Name Title 3/15/93 918-491-4314					TitleSUPERVISOR, DISTRICT II					
Date	anna a star an									

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.