

Submit 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

State of New Mexico  
Encl. Minerals and Natural Resources Department

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

MAR 11 1993

O. C. D.  
ADVERSE NOTICE

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REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Kaiser-Francis Oil Company		Well API No. 30-015-27243
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"/>		
If change of operator give name and address of previous operator		

CASE HEAD GAS MUST NOT BE  
5/17/93  
EXEMPTION FROM  
IS OBTAINED

II. DESCRIPTION OF WELL AND LEASE

Lease Name Pure Gold A Federal	Well No. 2	Pool Name, Including Formation <del>Undesignated</del> (Delaware)	Kind of Lease State, (Federal) or Fee	Lease No. NM-38464
Location Unit Letter M : 660 Feet From The South Line and 330 Feet From The West Line Section 21 Township 23S Range 31E, NMPM, Eddy County				

III. 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 El Paso Natural Gas Company	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 M Sec. 21 Twp. 23S Rge. 31E	Is gas actually connected? Pending When? approx. 3/93

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 x	Gas Well	New Well x	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 1/12/93	Date Compl. Ready to Prod. 2/13/93	Total Depth 8100	P.B.T.D. 8045					
Elevations (DF, RKB, RT, GR, etc.) 3346.9 Gr.	Name of Producing Formation Delaware	Top Oil/Gas Pay 7860	Tubing Depth 7750					
Perforations 7860-64; 7868-74; 7878-90; 7892-7901			Depth Casing Shoe -					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 17 1/2 11 7 7/8 7 7/8	CASING & TUBING SIZE 13 3/8 8 5/8 5 1/2 DV Tool	DEPTH SET 560 4100 8100 6184	SACKS CEMENT 500 1250 656 758					

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 2/15/93	Date of Test 2/18/93	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 12 hrs.	Tubing Pressure 820	Casing Pressure 1170	Choke Size 14/64
Actual Prod. During Test	Oil - Bbls. 140	Water - Bbls. 9	Gas - MCF 133

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  
3/8/93  
Date  
3/8/93  
Title  
918-491-4314  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 23 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.