Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

DISTRICT II P.O. Drawer DD, Anesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	TO TRANSPORT OIL	LAND NATURAL GAS	
Operator		Well .	API No.
Kerr-McGee Corporat	ion		
P. O. Box 250, Amar	illo, TX 79189		
Reason(s) for Filing (Check proper box)	_	Other (Please explain)	
New Well	Change in Transporter of:	Flag-Redfern Oil Co. v	las morgod into
Recompletion	Oil Dry Gas 🖳	Kerr-McGee Corp. on 6/	ras mergeu Trico
Change in Operator	Casinghead Gas _ Condensate _	Kerrandee corp. on 6/	30/89
If change of operator give name and address of previous operator Fla	ng-Redfern Oil Co., P.O.	. Box 11050, Midland, 1	X 79702
II. DESCRIPTION OF WELL	AND LEASE		
Lease Name Betty C 31	Well No. Pool Name, Include 6 Lybrook (of Lease Fed Lease No. Federal or Fee NM 014023
Location	1650 E. E. D. S	220	11
Unit LetterL	reat from the	South Line and 330 Feet From The West Line	
Section 31 Township 24N Range 7W NMPM, Rio Arriba County			
	NSPORTER OF OIL AND NATU		
Name of Authorized Transporter of Oil or Condensate Give address (Give address to which approved copy of this form is to be sent)			
Giant Refining Company		P. O. Box 256, Farmington, NM 87499	
Name of Authorized Transporter of Casin		Address (Give address to which approved copy of this form is to be sent)	
Mesa Petroleum Comp If well produces oil or liquids,		P. O. Box 579, Flora Vista, NM 87415	
give location of tanks.	Unut Sec. Twp. Rgs. L 31 24N 7W	Is gas actually connected? When Yes	, NA
-	from any other lease or pool, give comming	ing order number:	
IV. COMPLETION DATA			
Designate Type of Completion	Orl Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v Diff Res'v
Date Spudded	Date Compt. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	1	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET SACKS CEMENT	
			
V. TEST DATA AND REQUE	ST FOR ALLOWABLE		
OIL WELL (Test must be after t	recovery of total volume of load oil and must	be equal to or exceed top allowable for this	g depth or be for full 24 hours.)
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift,	ic.)
Length of Test	Tubing Pressure	Cating Pressure	Opoke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbia.	Gas- MCF
GAS WELL		District the second	
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
		1	
VL OPERATOR CERTIFICATE OF COMPLIANCE			
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.		uu 9.7 1000	
1		Date ApprovedJUL 2 7 1989	
Ju W. Dedhi		21101	
Signature Ivan D. Geddie Mar Cons. & Unit.		By SUPERVISION DISTRICT # 3	
Printed Name As of June 30, 1989	Title	Title	**************************************
Date	Telephone No.	1	

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.