

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-11  
Effective 1-1-65

Operator LAURENCE C. KELLY	
Address c/o Walsh Engr. & Prod. Corp. P.O. Box 254 Farmington, N.M. 87401	
Reason(s) for filing (check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name  
and address of previous owner

Lease Name Kelly Brothers		Well No. 1	Pool Name, including Formation Blanco Picture Cliffs		Kind of Lease Federal	Lease No. SF-07775
Location						
Unit Letter K	1590	Feet From The	South	Line and	1640	Feet From The
Line of Section 8	Township 30N	Range 10W	, NMPM,		San Juan	County

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
NONE						
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)				
El Paso Natural Gas Company		P.O. Box 990 Farmington, N.M. 87401				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Pge.	Is gas actually connected?	When
					NO	Unknown

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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded 8/17/81	Date Compl. Ready to Prod. 10/2/81	Total Depth 3060'		P.B.T.D. 3000'					
Elevations (DF, RKB, RT, CR, etc.) 6289' GL	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 2998'		Tubing Depth 3000'					
Perforations 2904'-15; 2918'-22'; 2950'-52'; 2959'-61'; 2967'-69'; 2983'-85'; 2988'-90'; 2996'-98'		Depth Casing Shoe 2909'							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
12-1/4"	8-5/8"	120'		100 sacks					
7-7/8"	4-1/2"	3060'		640 sacks					
	2-3/8"	2909'							

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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas MCF

GAS WELL		Bbls. Condensate/MCF		Gravity of Condensate	
Actual Prod. Test-MCF/D 3/4-1385; CAOF-1931	Length of Test 3 hrs.	-0-		-0-	
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 800	Casing Pressure (Shut-in) 800		Choke Size 3/4"	

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED <u>001 27 1981</u>	
FOR: LAURENCE C. KELLY ORIGINAL SIGNED BY EWELL N. WALSH Ewell N. Walsh, PE (Signature) President Walsh Engineering & Production Corp. 10/21/81 (Date)		BY <u>Original Signed by FRANK T. CHAVEZ</u> SUPERVISOR DISTRICT # 3 TITLE _____ This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allowable on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiple completed wells.	