

BEFORE EXAMINER STOGNER

OIL CONSERVATION DIVISION

OCD

EXHIBIT NO. 3

CASE NO. 12948

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  
Energy, Minerals and Natural Resources Department  
OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, NM 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <b>K.C. RESOURCES, INC</b>	Well API No. <b>30-025-08008</b>
Address <b>2533 S. HWY 101 #260 CARDIFF, CA 92007</b>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	
If change of operator give name and address of previous operator <b>RWK RESOURCES, INC</b>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>NEW MEXICO "BH" STATE</b>	Well No. <b>2</b>	Pool Name, Including Formation <b>CAPROCK WOLFCAMP, EAST</b>	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <b>F</b> : <b>1980</b> Feet From The <b>N</b> Line and <b>1980</b> Feet From The <b>W</b> Line Section <b>11</b> Township <b>12S</b> Range <b>32E</b> , <b>NMPM</b> LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>TEXAS N.M. PIPELINE</b>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>WARREN PETROLEUM</b>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit <b>NW/4</b> Sec. <b>11</b> Twp. <b>12</b> Rge. <b>32</b>	Is gas actually connected? <b>YES</b> When? <b>8-1-84</b>

OPER. OGRID NO. <u>122912</u>	Order number: <b>PC-555</b>
PROPERTY NO. <u>15218</u>	
POOL CODE <u>9310</u>	
EFF. DATE <u>6-23-94</u>	
API NO. <u>30-025-08008</u>	

O-TRNSP. OGRID NO. <u>22628</u>	<b>MENTING RECORD</b> DEPTH SET SACKS CEMENT
G-TRNSP. OGRID NO. <u>24650</u>	
OIL POD NO. <u>2218310</u>	
V GAS POD NO. <u>2218330</u>	

ual to or exceed top allowable for this depth or be for full 24 hours.) lucing 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

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.

Reiner Klawiter  
Signature  
**REINER KLAWITER, PRESIDENT**  
Printed Name  
**12-3-93** (619) 943-8448  
Date Telephone No.

OIL CONSERVATION DIVISION

**JUN 23 1994**  
Date Approved  
By James L. [Signature]  
Title **DISTRICT 1 SUPERVISOR**

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.