

BEFORE EXAMINER STOCKER

OIL CONSERVATION DIVISION

OCD

EXHIBIT NO.

4

CASE NO.

12948

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

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

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <b>K.C. RESOURCES, INC</b>	Well API No. <b>30-025-00110</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:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator <b>R.W.K. RESOURCES, INC</b>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>NEW MEXICO "BH" STATE NCT-1</b>	Well No. <b>14</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>990</b>	Feet From The <b>N</b>	Line and <b>990</b>	Feet From The <b>W</b>
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 NW/4 Sec. 11 Twp. 12 Rge. 32 Is gas actually connected? YES When? 8/2/84
If this production is commingled with that from any other lease or well give commingling order number: <b>PC-555</b>	

OPER. OGRID NO. <b>122912</b>	ew Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'
PROPERTY NO. <b>15218</b>	al Depth					
POOL CODE <b>9310</b>	P.B.T.D.					
EFF. DATE <b>6-23-94</b>	Oil/Gas Pay					
API NO. <b>30-025-00110</b>	Tubing Depth					
	Depth Casing Shoe					

O-TRNSP. OGRID NO. <b>22628</b>		G-TRNSP. OGRID NO. <b>24650</b>	
OIL POD NO. <b>2218610</b>		GAS POD NO. <b>2218630</b>	

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** PRESIDENT  
Printed Name  
**12-3-93** (619) 943-8448  
Date Telephone No.

OIL CONSERVATION DIVISION  
**JUN 23 1994**  
Date Approved  
By  
ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104.

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.

of operator, well name or number, transporter, or other such changes.