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, Antesia, NM 88210

OIL CONSERVATION DIVISION

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

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 8741	REQL					AUTHOR					
Operator	AND NATURAL GAS Well API No.										
K & R Oil & (
	Roswe	Roswell, N.M. 88201									
Reason(s) for Filing (Check proper box New Well Recompletion Change in Operator I change of operator give name	Oil	Change in '	Dry Gas		[] Ou	oer (Please exp	lain)				
and address of previous operator											
II. DESCRIPTION OF WELL Lease Name	L AND LEA		Pool Nar	na Includi	ng Formation		1 1/2:- 4		<u>-</u>		
Cannon		1	Bitt	er L	akes W	est		of Lease Phylipping Fee		ease No.	
Location Unit LetterP	: 330	 ,	Feet From	m The	outh Lin	e and33() Fe	et From The	East	Line	
Section 17 Town	ship 10S		Range 2	25E	, N	мрм, ⁽	Chaves			County	
III. DESIGNATION OF TRA	ANSPORTE	R OF OI	L AND	NATU:	RAL GAS						
Name of Authorized Transporter of Oil or Condensate					1		hich approved				
Pueblo Petroleum Name of Authorized Transporter of Ca		or Dry G	las [49 Rosi					
NONE If well produces oil or liquids, give location of tanks.	ell produces oil or liquids, Unit			2 8	Is gas actually connected? When			. ?			
If this production is commingled with the	nat from any oth		OS pol. give		l	NO					
IV. COMPLETION DATA		-,									
Designate Type of Completic	on - (X)	Oil Well	Ga	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spaudded	pl. Ready to Prod.			Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	roducing For	mation		Top Oil/Gas Pay			Tubing Depth				
Perforations					<u> </u>			Depth Casing Shoe			
TUBING, CASING AND					CEMENTI	NG RECO	RD	.]			
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
	-					·					
V. TEST DATA AND REQU					L			1			
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Te		f load oi	l and must			lowable for thi		for full 24 hoi	urs.)	
	Daile Of Te.						7,8				
Length of Test	Tubing Pre	Tubing Pressure			Casing Press	ure		Choke Size			
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbls.			Gas- MCF		
GAS WELL							·	-1			
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conde	nsate/MMCF		Gravity of C	Condensate		
Testing Method (pitot, back pr.)	Tubing Pre	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIF	ICATE OF	COMPI	LIAN	CE	1	011 00:		A 771 6 2 1	D 11 4 5 : :		
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.					OIL CONSERVATION DIVISION						
					Date	a Approvi	ed	JAN 3	1 1992		
George W. Rampl	.ey				D	001/	DINIAL SIC	MED RV			
Signature W. Carugaly Partner Printed Name Title					By ORIGINAL SIGNED BY MIKE WILLIAMS Title SUPERVISOR, DISTRICT IF						
Jan 9, 1992		505 6	23 3 Shone No	<u>536</u>	Title	305	EN 113UN,				

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
- 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.