Submit 5 Copies
Appropriate District Office
DISTRICT 1
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 Buttom of Page

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I .	Т	O TRAI	NSPC	PRT OIL	AND NAT	FURAL GA	S				
Operator , K & R Oil & Gas								Weil API No.			
	300050006900S1										
Address 2607 Cornell Dr	ive,	Roswe	ell,	N.M.	88201				<u></u>		
	Oil Casinghead		Transport Dry Gas Condens		Othe	x (Please expla	in)				
f change of operator give name and address of previous operator										,	
II. DESCRIPTION OF WELL A	NDIEA	CE.									
Lease Name DeKalb Federal	Well No Pool Name Includir				ng Formation Kind o akes South SA XXXII, F			Lease No. 'Pederal de Feak NMO 5876			
Location E Unit Letter	198	0	Feet Fro	m The	orth	660	Fee	y et From The _	lest	Line	
Section 27 Township	10S		Range	25E	, N	ирм,	haves			County	
Section 10wining											
III. DESIGNATION OF TRANS		or Condens	LANI	D NATUI	RAL GAS	e address to wh	ich approved	copy of this fo	orm is to be se	nt)	
Name of Authorized Transporter of Oil Pueblo Petroleum Ti	LX_i	of Collden:	sate (-	Box 824					
Name of Authorized Transporter of Casingh			or Dry (Gas		e address to wh					
None If well produces oil or liquids,				ls gas actually	y connected?	When	When ?				
give location of tanks.	FF	F 27 10S 25E			No L			,			
If this production is commingled with that fr IV. COMPLETION DATA	om any othe	r icase or p	oool, give	e commingli	ng order numl	ber:			· · · · · · · · · · · · · · · · · · ·		
Designate Type of Completion -	(X)	Oil Well	G	Jas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
	Date Compl	. Ready to	Prod.	······	Total Depth	<u> </u>		P.B.T.D.	ł		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations					L			Depth Casing Shoe			
	TUBING, CASING AND							-1	I SANCE OF LIFTE		
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
	· · · · · · · · · · · · · · · · · · ·	··-				··					
V. TEST DATA AND REQUES	 Τ FOR A	LLOW	ABLE					<u> </u>			
OIL WELL (Test must be after re	ecovery of to	tal volume	of load	oil and mus	be equal to o	r exceed top all lethod (Flow, p	lowable for the	is depth or be	for full 24 ho	urs.)	
Date First New Oil Run To Tank	Date of Te	SI.			Producing N	iculou (r low, p	mith' Baz idi'	LIC.)			
Length of Test	Tubing Pressure				Casing Press	sure		Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL	L				<u> </u>			_1			
Actual Prod. 'Test - MCF/D	Length of Test				Bbls. Conde	ensate/MMCF		Gravity of Condensate			
Testing Method (pitot, 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.					OIL CONSERVATION DIVISION Date Approved JAN 3 1 1992						
George W. Rample	У							NED RY			
Signature Printed Name Printed Name Printed Name Title					By ORIGINAL SIGNED BY MIKE WILLIAMS Title SUPERVISOR, DISTRICT IT						
Jan 9, 1992 505 623 3536 Date Telephone No.						·					

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.