	-		615 5
Submit 5 Copics Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240	Energy, Minerals and N	New Mexico atural Resources Department	Form C-104 Revised 1-1-89 See Instructions
DISTRICT II P.O. Drawer DD, Artesia, NM 88210		ATION DIVISION Box 2088	at Boltom of Page
DISTRICT III 1000 Rio Brazon Rd., Aziec, NM 87410	Santa Fe, New M	Mexico 87504-2088	AUG - 5 1992
I.	REQUEST FOR ALLOWA TO TRANSPORT O	BLE AND AUTHORIZAT	ION O. C. D.
Operator K &R Oil & Gas			Well API No.
Address 2607 Cornell Dr	ive, Roswell, N.M.	88201	
Reason(s) for Filing (Check proper box) New Well	Change in Transporter of:	Other (Please explain)	
Recompletion	Oil Dry Gas Casinghead Gas Condensate		
II. DESCRIPTION OF WELL	AND LEASE		
Lesse Name Mary Ann Cannon Location	Well No. Pool Name, Inclu	ling Formation Lakes South SA	Kind of Lease Lease No. Sold X address or Fee
Unit LetterL	: 1980 Feet From The S	outh_Line and 660	Feet From The West Line
Section 27 Townshi	p 10S Range 25E		
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTER OF OIL AND NATU	RAL GAS	
Scurlock-Permian (Name of Authonized Transporter of Casin None		P.O. Por 4648 H	proved copy of this form is to be sent) [OUStOn, Texas 77210 proved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rgc. K 27 10S 25E	Is gas actually connected?	When ?
If this production is commingled with that IV. COMPLETION DATA	from any other lease or pool, give comming		
Designate Type of Completion			epen Plug Back Same Res'v Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations	I		Depth Casing Shoe
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE	CEMENTING RECORD	
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUES	T FOR ALLOWABLE		
	ecovery of total volume of load oil and must Date of Test	be equal to or exceed top allowable, Producing Method (Flow, pump, ga	for this depth or be for full 24 hours.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbis.	Gas- MCP
GAS WELL Actual Prod. Test - MCF/D	Longth of Test	Bbls. Condensate/MMCI ¹	Gravity of Condensate
Festing Method (pitol, back pr.)	Tubing Pressure (Shut-in)		
		Casing Pressure (Shut-in)	Cioke Size
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation		OIL CONSERVATION DIVISION	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			ALLS 1 2 1002
of in D		Date Approved	
Signature George W. Rampley Partner		By	A BONED RA
Printed Name July 23 1992	1110		ad State (S 1940-1951: SMSA SECT #
Date	505 623 3536 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.

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All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.