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	DISTRIBUTION SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE		Form C+104 Supersedes Old C+104 and C Ellective 1+1+65
	U.S.G.S.	AND Enterive 1-1-55 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
	TRANSPORTER OIL GAS OPERATOR			RECEIVED
1.	PROPATION OFFICE JAN 12 90			
	K&R Oil& Gas / Address 2607 Cornell Drive, Roswell, N.M.		4 00201	0, Ç. D.
	ZOU/ CORNELL Drive, Roswell, N.M. 88201 ARTISIA, OFFICE Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of:			
	Recompletion Change in Ownership	Oil X Dry Ga Casinghead Gas Conder		
	If change of ownership give name and address of previous owner	Breck-Operating Cor	a. Breckenric	lge, Toxas 7602h
11.	DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, including Formation Kind of Lease			
	Mary Ann Cannon	5 Bitter Lake S/		
	Unit Letteri	660 Feet From The South Lin	• and Feel From 7	rheeast
	Line of Section 27 Tow	mahip 10S Range 25	5E , ммрм, Chaves	County
111.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S Address (Give address to which approv	ved copy of this form is to be sent)
	Navajo Refining Co Name of Authorized Transporter of Casinghead Gas or Dry Gas None		P.O. Drawer 159 Artesia N.M. 88211 Address (Give address to which approved copy of this form is to be sent)	
	If well produces off or liquids, give location of tanks.	Unit Sec. Twp. Pge. K 27 10S 25E	is gas actually connected? Whe NO	n
	If this production is commingled with that from any other lease or pool, give commingling order number: <u>COMPLETION DATA</u> Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, esc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth
	Perforations Depth Casing Shoe			Depth Casing Shoe
			CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of sotal volume of load oil and must be equal to or exceed sop allo OIL WELL (Test must be after recovery of sotal volume of load oil and must be equal to or exceed sop allo			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	i, etc.)
	Length of Teet	Tubing Pressure	Casing Presews	Choke Size 1- 26-90
	Actual Prod. During Test	Oil - Bbis.	Water-Bble.	Gesomer Chy 2T PER
	GAS WELL			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Teating Method (pirot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI.	CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED APPROVED 19	
			BYORIGINAL SIGNED BY MIKE WILLIAMS	
			TITLE <u>CUPERVISOR DISTRICT IF</u> This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepenec well, this form must be accompanied by a tabulation of the deviatior tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow able on new and recompleted wells. Fill out only Sections I. II. III, and VI for changes of owner.	
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	(Date)		well name or number, or transport	en or other such change of condition. be filed for each pool in multiply

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