| | A | | | | | • | | |
|---|---|-------------------|------------|-------------|-------|----------------|--|--|
| | NO. OF COPIES REC | | | 1 | | | | |
| | DISTRIBUTIO | ļ | | 4 | | | | |
| | | SANTA FE | | | 1 | | | |
| | FILE | | | ┨ | | | | |
| | U.S.G.S. | - | | 1: | AUTH | | | |
| | EARD OFFICE | OIL | | | 1 | | | |
| | TRANSPORTER | GAS | | | 1 | | | |
| | OPERATOR | | | | 1 | | | |
| 1. | PRORATION OF | ICE | | | 1 | | | |
| | Operator | | | | | | | |
| | K&R Oil& Gas / Address 2607 Cornell Drive | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Reason(s) for filing (Check proper box) | | | | | | | |
| | New Well | H . | . 1 | | | Change | | |
| | Recompletion Change in Ownership | VO | nes | | | Oil Casingh | | |
| | Change in Ownership | <u></u> 0% | | | | Cusingn | | |
| | If change of owners | | | | Bre | | | |
| | and address of prev | ious ow | ner_ | | | VIII | | |
| 11. | DESCRIPTION OF | F WEL | L AN | d I | EA! | SE | | |
| | Lease Name | • | | ** | | Well No | | |
| | Mary Ann Ca | nnon | | | | 6 | | |
| | Location | | _ | C O | | | | |
| | Unit Letter N | · · · · · · · · · | , <u> </u> | 60 | | Feet F | | |
| | | 27 | | | | | | |
| | Line of Section | | | Tow | nehip | <u> </u> | | |
| TIT | DESIGNATION OF | e mpai | ven | ነውፕ | ED. | OE OU | | |
| *** | Name of Authorized | Franspor | ler of | 011 | X | ot OII | | |
| | Navajo Refining Co | | | | | | | |
| | Name of Authorized | | | | nghe | ad Gas [| | |
| | none | | | | | | | |
| | If well produces oil o | or liquids | , | | Unii | , 5∙ | | |
| | give location of tank | •. | · | | K | | | |
| If this production is commingled with that from a IV. COMPLETION DATA | | | | | | | | |
| | Designate Type of Completion - (X) | | | | | | | |
| | | | | | | | | |
| | Date Spudded | | | | Date | Compl. | | |
| | Elevations (DF, RKB | RT C | | | Nam | of Proc | | |
| | | ,, 0/ | ., 410 | '' | | | | |
| | Perforations | | | | | | | |
| | | | | | | | | |
| | | | | - | | | | |
| | HOLE | SIZE | | | | CASIN | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| SANTA FE | REQUEST FOR ALLOWABLE | | Form C-104 Supersedes Old C-104 and C | | | |
|---|---|---|--|--|--|--|
| FILE U.S.O.S. | - | AND | | | | |
| LAND OFFICE | - AUTHORIZATION TO TRA | ANSPORT OIL AND NATURAL (| GAS | | | |
| TRANSPORTER GAS | | | RECEIVED . | | | |
| OPERATOR | 1 | | | | | |
| PRORATION OFFICE | | | JAN 12'90 | | | |
| K&R Oil& Ga | s / | | Q, C. D. | | | |
| Address 2607 Commoli | l Destar Destar | | ARTESIA, OFFICE | | | |
| Reason(s) for filing (Check proper box | l Drive, Roswell, N.M | 1. 88201 Other (Please explain) | | | | |
| New Well | Change in Transporter of: | | | | | |
| Recompletion Change in Ownership | Ott X Dry Go | . | | | | |
| Change in Ownership | Casinghead Gas Conder | neate [] | | | | |
| If change of ownership give name and address of previous owner | Brook Operating Corr | Bx 911 Breckenrie | Ico Toyac 76091 | | | |
| DESCRIPTION OF WELL AND | t pasp | | .801 10xab 700c4 | | | |
| Lease Name | Well No. Pool Name, Including F | | Lease No | | | |
| Mary Ann Cannon | 6 Bitter Lake S | SA, South SMAXXMAN | (ķtr Fee | | | |
| Location Unit Letter N 660 | Feet From The South Lin | 1980 | west | | | |
| Unit Letter; | Peet From 1 neLin | | ne | | | |
| Line of Section 27 Tox | mahip 10S Range | 25E , NMPM, Chay | /es County | | | |
| DESIGNATION OF TRANSPORT | TER OF OIL AND NATURAL GA | .s | | | | |
| Name of Authorized Transporter of Oil | X or Condensate | Address (Give address to which approv | ed copy of this form is to be sent) | | | |
| Navajo Refining Co | Inghead Gas Co. Co. Co. | P.O. Drawer 159 Art | esia N.M. 88211 | | | |
| Name of Authorized Transporter of Cas | Inghead Gas or Dry Gas | Audress (vive address to which approv | ea copy of this form is To be sent) | | | |
| If well produces oil or liquids, | Unit Sec. Twp. Rge. | Is gas actually connected? Whe | n | | | |
| give location of tanks. | K 27 10S 25E | no ! | | | | |
| If this production is commingled with COMPLETION DATA | th that from any other lease or pool, | give commingling order number: | | | | |
| Designate Type of Completic | Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Res'v. Dill. Res' | | | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | |
| wate opened | | . Jim Dabili | | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | | |
| Perforations | | <u>L'</u> | Depth Casing Shoe | | | |
| Latiniding | | | | | | |
| | TUBING, CASING, AND | CEMENTING RECORD | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| TEST DATA AND REQUEST FO | OR ALLOWABLE (Test must be a) able for this de | fter recovery of total volume of load oil a pth or be for full 24 hours) | and must be equal to or exceed top allo | | | |
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas life | 700 0 = == | | | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size & hg #17 PE | | | |
| Length of Test | · Abild Lightne | | tong #11.17 | | | |
| Actual Prod. During Test | Oil-Bble. | Water-Bbis. | Qq4 • MCF | | | |
| | | | <u> </u> | | | |
| GAS WELL | | : | | | | |
| Actual Prod. Test-MCF/D | Length of Test | Bbis. Condensate/MMCF | Gravity of Condensate | | | |
| Partie Marked (along back as 1 | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size | | | |
| Teeting Method (pitot, back pr.) | I must be seeme (SURE-TH) | | | | | |
| CERTIFICATE OF COMPLIANCE | CE | OIL CONSERVA | TION COMMISSION | | | |
| : : | | 101 9 9 | 4000 | | | |
| I hereby certify that the rules and a | regulations of the Oil Conservation with and that the information given | APPROVED JAN Z 3 1990 , 19 | | | | |
| commission have been complied washove is true and complete to the | best of my knowledge and belief. | BY CRICINAL SIGNED PARE WILLIAMS | 7 UT | | | |
| | | TITLE COPERVISOR DISTRICT IT | | | | |
| 4 | | This form is to be filed in compliance with RULE 1104. | | | | |
| Won W. | aufly | If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation | | | | |
| (Signa | acure) Y | tests taken on the well in accord | tests taken on the well in accordance with RULE 111. | | | |
| a farther | | All sections of this form muse able on new and recompleted we | it be filled out completely for allow its. | | | |
| Jan 10 | 1990 | Will out only Sections I. II. | III, and VI for changes of owner, | | | |
| (Da | ite) | Separate Forms C-104 must | en or other such change of condition be filed for each pool in multiply | | | |
| | | amatand matte | - | | | |



