		•	CIST
Submit 5 Copics Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240	State of Energy, Minerals and	of New Mexico Natural Resources Department	Lister and the second s
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III	P.C	VATION DIVISION ). Box 2088 Warder 97504 2000	See Instructions at Buttom of Page AUG - 7 1992
1000 Rio Brazos Rd., Aztec, NM 8741 I.	REQUEST FOR ALLOW	V Mexico 87504-2088	OL CL D. AMASELE COFFICE TION
Operator <u>K &amp; R Oil &amp; G</u> E	•	OIL AND NATURAL GAS	Weil API No.
2607 Cornell Reason(s) for Filing (Check proper bax	Drive, Roswell .N.	M. 88201	
New Well Recompletion Change in Operator If change of operator give name and address of previous operator	Change in Transporter of: Oil [X] Dry Gas Casinghead Gas [] Condensate		
II. DESCRIPTION OF WELL			
<u>Cannon</u> Location	Well No. Pool Name, Inc 3 Bitter	Luding Formation	Kind of Lease Lease No. StateXIMutral or Fee
Unit Letter H		North Line and 356	Feet From The <u>East</u> Line
	11p 10S Range 251		County
Name of Authorized Transporter of Oil Scurlock-Permian Name of Authorized Transporter of Casi None	NSPORTER OF OIL AND NA or Condensate	Address (Give address to which ap P.O. Box 4648 H	pproved copy of this form is to be sent) Iouston, Texas 77210 pproved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.		ge. Is gas actually connected?	When ?
If this production is commingled with that IV. COMPLETION DATA	from any other lease or pool, give conum	ingling order number:	
Designate Type of Completion Date Spudded	- (X) Oil Well Gas Well Date Compl. Ready to Prod.	New Well   Workover   De Total Depth	epen   Plug Back  Same Res'v   Diff Res'v
Elevations (DF, RKB, RT, GR, etc.) Perforations	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
			Depth Casing Shoe
HOLE SIZE	TUBING, CASING AN CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT
V. TEST DATA AND REQUE	ST FOR ALLOWABLE ecovery of total volume of load oil and mu		
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, ga	for this depth or be for full 24 hours.) s lýt, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCP
GAS WELL Actual Prod. Test - MCF/D	Longth of Test	Bbls. Condensate/MMCF	
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Gravity of Condensate Choke Size
I. OPERATOR CERTIFIC I hereby certify that the rules and regul: Division have been complied with and	tions of the Oil Conservation	OIL CONSE	RVATION DIVISION
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		Date Approved	the 2 <b>1992</b>
Signature <u>George W. Rampley Partner</u> Printed Name		Ву	
Printed Nume July 23 1992 Date	Ley Partner Tille 505 623 3536 Telephone No.	Title	
	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 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.

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