

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

Santa Fe	State of New Mexico
File	Energy, Minerals and Natural Resources Department
Transporter	Oil
Operator	Gas

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

FEB 27 '89

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA OFFICE

I. Operator Kaiser-Francis Oil Company		Well API No. n/a
Address P. O. Box 21468, Tulsa, OK 74121-1468		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Other (Please explain) Workover to open morrow zone		
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Catclaw State	Well No. 1	Pool Name, Including Formation Gopher (Morrow)	Kind of Lease <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal or Fee	Lease No. L-1604-2
Location Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Line Section 31 Township 17S Range 24E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Northern Natural Gas	P. O. Box 1188, Houston, TX 77251-1188					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? Yes	When? 2/21/80

If this production is commingled with that from any other lease or pool, give commingling order number: n/a

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X		X				X
Date Spudded 11/17/78	Date Compl. Ready to Prod. 10/20/88	Total Depth 7675	P.B.T.D. 7675					
Elevations (DF, RKB, RT, GR, etc.) 3889 GR	Name of Producing Formation Morrow	Top Oil/Gas Pay 7467	Tubing Depth 7310					
Perforations 7467 - 7559			Depth Casing Shoe 7675					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	BACKS CEMENT					
17 1/2	13 3/8	200	225					
11	8 5/8	1700	795					
7 7/8	5	7675	1115					

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 160	Length of Test 1	Bbls. Condensate/MMCF 0	Gravity of Condensate -
Testing Method (pilot, back pr.) Back pr.	Tubing Pressure (Shut-in) 858	Casing Pressure (Shut-in) -	Choke Size 6/64

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.

Signature
Charlotte Van Valkenburg, Technical
Printed Name
2/24/89
Date
918-494-0000
Title Coordinator
Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 11 1989

By ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

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.