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Appropriate District Office
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DISTRICT III
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State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

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"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <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 Pure Gold A Federal	Well No. 4	Pool Name, Including Formation W. Sand Dunes (Delaware)	Kind of Lease State, Federal or Fee	Lease No. NM - 38464
Location Unit Letter L : 1650 Feet From The South Line and 330 Feet From The West Line Section 21 Township 23S Range 31E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate EOTT Energy Corp.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1188, Houston, TX 77251-1188		
Name of Authorized Transporter of Casinghead Gas or Dry Gas El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, TX 79978		
If well produces oil or liquids, give location of tanks.	Unit L Sec. 21 Twp. 23S Rge. 31E	Is gas actually connected? Yes	When? 6/93
If this production is commingled with that from any other lease or pool, give commingling order number:			

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 5/5/93	Date Compl. Ready to Prod. 6/20/93	Total Depth 8100	P.B.T.D. 8065					
Elevations (DF, RKB, RT, GR, etc.) 3349 GR	Name of Producing Formation Delaware	Top Oil/Gas Pay 7755	Tubing Depth 7701					
Perforations 7755' - 7904' o.a.			Depth Casing Shoe 8100					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2	13 3/8	697	615					
11	8 5/8	4075	1275					
7 7/8	5 1/2	8100	500					
7 7/8	DV Tool	6187	600					

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 6/20/93	Date of Test 6/24/93	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 660#	Casing Pressure Packer	Choke Size 12/64
Actual Prod. During Test	Oil - Bbls. 451	Water - Bbls. 132	Gas- MCF 561

GAS WELL

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

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.

C. Jan Valkenburg
Signature Charlotte Van Valkenburg, Technical Coordinator
Printed Name
6/29/93
Date
918-491-4314
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 23 1993

By ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

Title

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