

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

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

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

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator K.C. RESOURCES, INC	Well API No. 30-025-00110
Address 2533 S. Hwy 101 #260 Cardiff, CA 92007	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator R.W.K. RESOURCES, INC	

II. DESCRIPTION OF WELL AND LEASE

Lease Name NEW MEXICO "BH" STATE NCT-1	Well No. 4	Pool Name, Including Formation CAPROCK WOLFCAMP, EAST	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter F ED	990	Feet From The N	Line and 990	Feet From The W
Section 11	Township 12S	Range 32E	NMPM,	LEA
County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil TEXAS N.M. PIPELINE	<input checked="" 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 WARREN PETROLEUM	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit NW/4	Sec. 11
	Twp. 12	Rge. 32
	Is gas actually connected? YES	When? 8/2/84
If this production is commingled with that from any other lease or pool, give commingling order number: PC-555		

OPER. OGRID NO. 122912  
PROPERTY NO. 15218  
POOL CODE 9310  
EFF. DATE 6-23-94  
API NO. 30-025-00110

ew Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
al Depth	P.B.T.D.				
Oil/Gas Pay	Tubing Depth				
Depth Casing Shoe					

TURNING CASING AND CEMENTING RECORD	
DEPTH SET	SACKS CEMENT
O-TRNSP. OGRID NO. 22628	WTR
G-TRNSP. OGRID NO. 24650	2218650
OIL POD NO. 2218610	
GAS POD NO. 2218630	

qual to or exceed top allowable for this depth or be for full 24 hours.)  
ducing 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	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.

Signature  
REINER KLAWITER  
Printed Name  
12-3-93  
Date  
(619) 943-8448  
Title  
Telephone No.

OIL CONSERVATION DIVISION

JUN 23 1994

Date Approved  
By  
Title  
DISTRICT 1 SUPERVISOR

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.