

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

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

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) 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. 24	Pool Name, Including Formation CAPROCK WOLFCAMP, EAST	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>P</u> <u>D</u> : 990 Feet From The <u>N</u> Line and 990 Feet From The <u>W</u> Line Section <u>11</u> Township <u>12S</u> Range <u>32E</u> , NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil TEXAS N.M. PIPELINE	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	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 well, give commingling order number: PC-555						

OPER. OGRID NO. <u>122912</u>	ew Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
PROPERTY NO. <u>15218</u>	al Depth					
POOL CODE <u>9310</u>	Oil/Gas Pay					
EFF. DATE <u>6-23-94</u>	Tubing Depth					
API NO. <u>30-025-00110</u>	Depth Casing Shoe					

O-TRNSP. OGRID NO. <u>22628</u>		G-TRNSP. OGRID NO. <u>24650</u>		OIL POD NO. <u>2218610</u>		GAS POD NO. <u>2218630</u>	
				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.

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

OIL CONSERVATION DIVISION

Date Approved JUN 23 1994

By  
ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
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 accord 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.