STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

KELT OIL & GAS, INC.

Reason(s) for filing (Check proper box)

P.O. Box 1493, Roswell, New Mexico 88201

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DISTRIBUTI		
SANTA FE		
FILE		
U.1.G.1.		
LAND OFFICE		
TRANSPORTER OIL		
	GAS	
OPERATOR		
PROMATION OF		

Address

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Other (Please explain)

New Well	Change in Transporter of:	l l			
Recompletion	Oil Dry Gas February 2, 1988				
X Change in Ownership	Casinghead Gas	Condensate			
and address of provides owner.		O. Box 8097, Rosw	ell, New Mexico 88201		
II. DESCRIPTION OF WELL AND LE	ASE Well No. Pool Name, including	Formation	Kind of Lease	Lease No.	
Lease Name State D K		. Permo Penn	State, Federal or Fee State	E-7489	
Unit Letter C: 660 Line of Section 17 Township	Feet From The North	1980		County	
III. DESIGNATION OF TRANSPORT		AL GAS			
Name of Authorized Transporter of Oil X	or Condensate	Address (Give address	to which approved copy of this form is t	o be sent)	
A moco Pipeline Company	·	3411 Knoxvi	lle, Lubbock, Texas 79423		
Name of Authorized Transporter of Casinghe	ad Gas X or Dry Gas	Address (Give address	lle, Lubbock, Texas 79423 to which approved copy of this form is t	o be sent)	
Warren Petroleum Corp.		Box 1589, Tul	lsa, Okla. 74102		
If well produces oil or liquids, give location of tanks.		Is gas actually connect	ed? When : 3/15/67		
If this production is commingled with the NOTE: Complete Parts IV and V on		ol, give commingling orde	r number:		
VI. CERTIFICATE OF COMPLIANCE 1 hereby certify that the rules and regulations of the Oil Conservation Division have APPROVED APPROVED APPROVED 1988					
been complied with and that the information give	en is true and complete to the best				
my knowledge and belief.		BYOR	IGINAL SIGNED BY JERRY SEXT	\\	
		TITLE	DISTRICT I SUPERVISOR	·	
	[/	lf -	be filed in compliance with RULE		
(Signature) Christian Deleris - President If this is a request for allowable for a newly drilled or deeps well, this form must be accompanied by a tabulation of the devia tests taken on the well in accordance with RULE 111.		the deviation			
(Title)	· · · · · · · · · · · · · · · · · · ·	All sections of able on new and re	this form must be filled out comple completed wells.	tely for allow-	
January 29, 19 (Date)			Bections I. II. III, and VI for chang, or transporter, or other such chang		
		Separate Formi completed wells.	s C-104 must be filed for each po	ol in multiply	

IV. COMPLETION DATA								
Designate Type of Completion	on - (X)	Il Gas Well	New Well	Workover	Deepen	Plug Back	Same Resty, Diff. Resty.	
Date Spudded	Date Compl. Ready	to Prod.	Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
	TUBIN	IG, CASING, AN	D CEMENTI	NG RECORE				
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET		SACKS CEMENT		
	<u> </u>	 				-		
			<u> </u>			i		
V. TEST DATA AND REQUEST OIL WELL	FOR ALLOWABL	E (Test must be able for this d	after recovery lepth or be for	of total volum full 24 hows)	e of load oil	and must be e	qual to or exceed top allow	
Date First New Oil Run To Tanks	Date of Test		Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pressure		Casing Pressure		Choke Size			
Actual Prod. During Test	Oil-Bble.		Water - Bbis.			Gas-MCF		
GAS WELL	<u> </u>		J.,					
Actual Prod. Test-MCF/D	Length of Test		Bbis. Cond	ensate/MMCF		Gravity of C	Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (51	hut-in)	Casing Pressure (Shut-in)		in)	Choke Sixe		