

Unit 3 Cores
Proprietary District Office
Box 1980, Hobbs, NM 88240
Box 1980, Hobbs, NM 88240
Box 1980, Hobbs, NM 88240
Box 1980, Hobbs, NM 88240
Box 1980, Hobbs, NM 88240
Box 1980, Hobbs, NM 88240
Box 1980, Hobbs, NM 88240

Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator: Kerr-McGee Corporation
Well API No.:
Address: P.O. Box 11050 Midland, TX 79702
Reason(s) for Filing (Check proper box):
New Well ☐ Change in Transporter of: ☒ Other (Please explain): Change in transporter
Completion ☐ Oil ☐ Dry Gas ☐
Change in Operator ☐ Casinghead Gas ☒ Condensate ☐
Change of operator give name:
Address of previous operator:

DESCRIPTION OF WELL AND LEASE
Lease Name: Yates "69" Fed. Well No.: 1 Pool Name, Including Formation: Sawyer W. (San Andres) Kind of Lease Fed. State, Federal or Fee: Lease No.: NM16369
Location: Unit Letter: N : 1984 Feet From The West Line and 766 Feet From The South Line
Section: 23 Township: 9S Range: 37E, NMPM, Lea County

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent):
Lantern Petroleum Company P.O. Box 2281 Midland, TX 79702
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent):
Trident NGL, Inc. P.O. Box 50250 Midland, TX 79710
Well produces oil or liquids, ☐ Unit: Sec: Twp: Rge: Is gas actually connected? When?
Location of tanks: N 23 9S 37E yes 1/76
This production is commingled with that from any other lease or pool, give commingling order number:

II. COMPLETION DATA
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v
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

TUBING, CASING AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

III. 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: Length of Test: Bbls. Condensate/MMCF: Gravity of Condensate:
Testing Method (pucl, back pr.): Tubing Pressure (Shut-in): Casing Pressure (Shut-in): Choke Size:

IV. 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: Judy Benton Analyst II
Printed Name: Judy Benton Title:
Date: October 1, 1991 Telephone No.: 915/688-7039

OIL CONSERVATION DIVISION
Date Approved: _____
By: _____
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.