onate District Office <u>CCT 1</u> lox 1980, Hobbs, NM 88240

Energy, Minerals and Natural Resources Department

Revised 1-1-89 See Instructions at Bottom of Page

SICT II Drawer DD, Anesia, NM 88210

RICT III
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 Well API No.

| Kerr-McGee Corpo                                                                                                                  | ration                                                  |             |             |           |                           |                                                                                                            |                                                 |                       |                                          |                 |            |  |
|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------|-------------|-----------|---------------------------|------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------|------------------------------------------|-----------------|------------|--|
| आ                                                                                                                                 |                                                         |             |             |           |                           |                                                                                                            | <u>.</u>                                        | ·····                 |                                          |                 |            |  |
| P.O. Box 11050                                                                                                                    | Mid                                                     | land,       | TX          | 79702     |                           | NY 01                                                                                                      | /B1                                             |                       |                                          |                 |            |  |
| on(s) for Filing (Check proper box) Well                                                                                          | Change in Transporter of:                               |             |             |           |                           | Other (Please explain)  Change in transporter                                                              |                                                 |                       |                                          |                 |            |  |
| mpletion                                                                                                                          | Oil                                                     |             | Dry G       |           | ]                         |                                                                                                            |                                                 |                       | P 0 2 2 0 2                              |                 |            |  |
| ge in Operator                                                                                                                    | Casinghea                                               | d Gas 🕝     | Conde       | nsate 🗌   | ]                         |                                                                                                            |                                                 |                       |                                          |                 |            |  |
| nge of operator give name                                                                                                         |                                                         |             |             |           |                           |                                                                                                            |                                                 |                       |                                          |                 | <u></u>    |  |
| DESCRIPTION OF WELL AND LEASE                                                                                                     |                                                         |             |             |           |                           |                                                                                                            |                                                 |                       |                                          |                 |            |  |
| e Name                                                                                                                            |                                                         |             |             |           |                           |                                                                                                            | g Formation Kind of Lease Fed Lease No.         |                       |                                          |                 |            |  |
| Bilbrey 23                                                                                                                        |                                                         | 2           | Sa          | wyer,     | We                        | est (Sar                                                                                                   | st (San Andres) State, Federal or Fee LC-065151 |                       |                                          |                 |            |  |
| ion                                                                                                                               | 10                                                      | 0.0         |             |           |                           | . •                                                                                                        | 0104                                            | •                     |                                          |                 | ļ          |  |
| Unit LetterJ                                                                                                                      | :19                                                     | 80          | . Feet F    | rom The   | 50                        | utn Line                                                                                                   | and2180                                         | <u>J</u> F⇔           | t From The _                             | East            | Line       |  |
| Section 23 Township                                                                                                               | 98                                                      | 3           | Range       | 37        | E                         | , NI                                                                                                       | ирм,                                            | Lea                   |                                          |                 | County     |  |
| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS                                                                                 |                                                         |             |             |           |                           |                                                                                                            |                                                 |                       |                                          |                 |            |  |
| ' 1X1                                                                                                                             |                                                         |             |             |           |                           | Address (Give address to which approved copy of this form is to be sent)                                   |                                                 |                       |                                          |                 |            |  |
| antern Petroleum Company                                                                                                          |                                                         |             |             |           | $\dashv$                  | P.O. Box 2281 Midland, TX 79702                                                                            |                                                 |                       |                                          |                 |            |  |
| e of Authorized Transporter of Casinghead Gas or Dry Gas rident NGL, Inc.                                                         |                                                         |             |             |           |                           | Address (Give address to which approved copy of this form is to be sent)  P.O. Box 50250 Midland, TX 79710 |                                                 |                       |                                          |                 |            |  |
| ell produces oil or liquids,                                                                                                      | Unit Sec. Twp. Rge.                                     |             |             | ge.       | Is gas actually           |                                                                                                            | When                                            | 7                     |                                          |                 |            |  |
| iocation of tanks.                                                                                                                | L 23 195 13/E                                           |             |             |           | _                         | yes                                                                                                        |                                                 | 1                     | 5/75                                     |                 |            |  |
| s production is commingled with that for COMPLETION DATA                                                                          | rom any oth                                             | er icase or | pool, gi    | ive commi | nglii                     | ng order numb                                                                                              | xer:                                            |                       | <del></del>                              |                 |            |  |
|                                                                                                                                   | <u>~~</u>                                               | Oil Well    |             | Gas Well  | ij                        | New Well                                                                                                   | Workover                                        | Deepen                | Plug Back                                | Same Res'v      | Diff Res'v |  |
| esignate Type of Completion -                                                                                                     | Date Compl. Ready to Prod.                              |             |             |           | Total Depth               |                                                                                                            | ]                                               | P.B.T.D.              | <u> </u>                                 | <u> </u>        |            |  |
| Daw Compiler Newsy W 1100                                                                                                         |                                                         |             |             |           |                           |                                                                                                            |                                                 |                       |                                          |                 |            |  |
| ations (DF, RKB, RT, GR, etc.)                                                                                                    | ons (DF, RKB, RT, GR, etc.) Name of Producing Formation |             |             |           |                           | Top Oil/Gas Pay                                                                                            |                                                 |                       | Tubing Depth                             |                 |            |  |
| anousic                                                                                                                           |                                                         |             |             |           |                           |                                                                                                            |                                                 |                       | Depth Casin                              | g Shoe          |            |  |
|                                                                                                                                   |                                                         |             |             |           |                           |                                                                                                            |                                                 |                       |                                          |                 |            |  |
| TUBING, CASING AND O                                                                                                              |                                                         |             |             |           | CEMENTI                   |                                                                                                            | <u>D</u>                                        |                       |                                          |                 |            |  |
| HOLE SIZE                                                                                                                         | CASING & TUBING SIZE                                    |             |             |           | DEPTH SET                 |                                                                                                            |                                                 | SACKS CEMENT          |                                          |                 |            |  |
|                                                                                                                                   |                                                         |             |             |           |                           |                                                                                                            |                                                 |                       |                                          |                 |            |  |
|                                                                                                                                   |                                                         |             |             |           | _                         |                                                                                                            |                                                 |                       |                                          |                 |            |  |
| TEST DATA AND REQUES                                                                                                              | T FOR A                                                 | ALLOW       | ABLE        | <u> </u>  |                           |                                                                                                            |                                                 |                       | <u>l</u>                                 | ·               |            |  |
| WELL (Test must be after re                                                                                                       |                                                         |             |             |           | ust                       | be equal to or                                                                                             | exceed top allo                                 | owable for thi        | depth or be                              | for full 24 hou | rs.)       |  |
| : First New Oil Run To Tank                                                                                                       | Date of Te                                              | :st         |             |           |                           | Producing M                                                                                                | ethod (Flow, pu                                 | ump, gas lift, e      | tc.)                                     |                 |            |  |
| zth of Test                                                                                                                       | Tubing Pressure                                         |             |             |           | Casing Press              | ıre                                                                                                        |                                                 | Choke Size            |                                          |                 |            |  |
| <b>3</b> ·· · · · · ·                                                                                                             |                                                         |             |             |           |                           |                                                                                                            |                                                 |                       |                                          |                 |            |  |
| al Prod. During Test                                                                                                              | Oil - Bbls.                                             |             |             |           | Water - Bbls.             |                                                                                                            |                                                 | Gas- MCF              |                                          |                 |            |  |
| AS WELL                                                                                                                           | <u> </u>                                                |             | <del></del> |           |                           | <u> </u>                                                                                                   |                                                 |                       | İ                                        |                 |            |  |
| 13 WELL                                                                                                                           | Length of Test                                          |             |             |           | Bbls. Conder              | BLE/MMCF                                                                                                   |                                                 | Gravity of Condensate |                                          |                 |            |  |
|                                                                                                                                   |                                                         |             |             |           |                           |                                                                                                            |                                                 |                       |                                          |                 |            |  |
| .ng Method (pitot, back pr.)                                                                                                      | Tubing Pressure (Shut-in)                               |             |             |           | Casing Pressure (Shut-in) |                                                                                                            |                                                 | Choke Size            |                                          |                 |            |  |
| OPERATOR CERTIFIC                                                                                                                 | ATE OF                                                  | F COM       | –<br>PLIA   | NCE       |                           |                                                                                                            |                                                 | 1055:                 |                                          | D               |            |  |
| hereby certify that the rules and regulations of the Oil Conservation                                                             |                                                         |             |             |           | OIL CONSERVATION DIVISION |                                                                                                            |                                                 |                       |                                          |                 |            |  |
| Division have been complied with and that the information given above s true and complete to the best of my knowledge and belief. |                                                         |             |             |           | Data Approved             |                                                                                                            |                                                 |                       |                                          |                 |            |  |
|                                                                                                                                   |                                                         |             |             |           |                           | Date Approved                                                                                              |                                                 |                       |                                          |                 |            |  |
| Judy Benton                                                                                                                       |                                                         |             |             |           |                           | ∥ ву_                                                                                                      | ંહાછોક્                                         | As sygrific           | S BY LOOK                                | ్ కైటారు అందులు |            |  |
| Judy Benton Analyst II                                                                                                            |                                                         |             |             |           | -, -                      | 3                                                                                                          | pro . Ne . re :                                 | iby mby<br>Suith vo   | <del>्राच्या १८४<b>वि</b>।</del><br>इ.स. |                 |            |  |
| Printed Name Title                                                                                                                |                                                         |             |             |           | Title                     |                                                                                                            |                                                 |                       |                                          |                 |            |  |
| October 1, 1991 Dale                                                                                                              |                                                         |             | icphone     |           | -                         |                                                                                                            |                                                 |                       |                                          |                 |            |  |
|                                                                                                                                   |                                                         |             |             |           | -                         | 11                                                                                                         |                                                 |                       |                                          |                 |            |  |

## 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.