Submit 5 Copies Appropriate Distinct Office <u>DISTRICT 1</u> P.O. Box 1980, Hobbs, NM 88240			New Mexico atural Resour ATION I	•	ment ION						
DISTRICT II P.O. Drawer DD, Anesia, NM 88210	Ū		P.O.	Box 2088 Mexico 875							
DISTRICT III 1000 Rio Brazos Rd, Azzec, NM 87410 I. TO TRANSPORT OIL AND NATURAL GAS											
Operator		JIHAN	SPORTO	IL AND NA	TUHAL	GAS	1	PI No.			
Kerr-McGee Corporat	101		·					<u>30-02</u>	5-24	489	
One Marienfeld Place Reason(s) for Filing (Check proper bax) New Well			Midland,	Ouh	et (Please c	• •					
Recompletion	Oil Casinghead (Ъ	ry Gas	Flag-Re Kerr-Mc	dfern Gee Co	0i1 (rp. (Co. w on 6/	as merg 30/89	ed into		
If change of operator give name and address of previous operator Elag	-Redfern	<u>0il C</u>	о., Р.О.	Box 110	50, Mi	dland	±, ⊤x	79702			
II. DESCRIPTION OF WELL										ase No.	
Bilbrey 23						g Formation Kind of Lease F(State, Federal or Federal					
Location	100	_					- <u>-</u>			65151	
Unit Letter J 1980 Feet From The South Line and 2180 Fret From The East Line											
Section 23 Township	<u>9</u> S	Ra	age 37	E, N I	MPM,		<u>.</u>	<u></u>	Lea	County	
III. DESIGNATION OF TRAN								<u> </u>			
•	ame of Authonzed Transporter of Oil or Coodensate					Address (Give address to which approved copy of this form is to be sent) P. O. Box 2281, Midland, TX 79702					
Name of Authorized Transporter of Casing	head Gas	Address (Giv	Address (Give address to which approved				copy of this form is to be sens)				
Cities Service Oil Co If well produces oil or liquids, give location of tanks.	<u>) Unu</u> Se Unu Se	c ITV	<u>61 - Inc</u> n Ren DS 37E	P. O. Box 300, Tulsa, Is gas actually connected? When Yes							
If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA											
Designate Type of Completion		hi Well	Gas Well	New Well	Workover		ecpez	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	، igmu عندن	Ready to Pro	k.	Total Depth			ł	P.B.T.D.		L	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth		
Perforations									Depth Caung Shos		
										·····	
HOLE SIZE		<u>BING, CA</u> G & TUBIN	CEMENTING RECORD DEPTH SET				SACKS CEMENT				
······											
V. TEST DATA AND REQUES	TEAP	OW/A PI						· · · · · · · · · · · · · · · · · · ·	·		
OIL WELL (Test must be after re				t be equal to or	exceed top a	llowabl	t for this	depih or be fa	r full 24 hours	r.J	
Date First New Oil Run To Tank	Date of Test			Producing Me						·	
Length of Test	Tubing Pressu	3	Casing Pressu	Casing Pressure				Choke Size			
Actual Prod. During Test	Oil - Bbis.		Water - Bbia.				Gaa- MCF				
GAS WELL							1				
Actual Prod. Test - MCF/D	Length of Test		Bbis. Condeau	Bbis. Condensate/MMCF				Gravity of Condensate			
Testing Method (pilot, back pr.)	Tubing Pressu	re (Shui-ua)	Casing Pressu	Casing Pressure (Shut-in)				Choke Size			
VL 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 bert of my knowledge and belief.											
					Data White and the second seco						
Signature Ivan D. Geddie Mgr., Cons. & Unit.					ORIGINAL SIGNED BY JERRY SEXTON ByDISTRICT SUPERVISOR						
Ivan D. Geddie Mgr., Cons. & Unit. Primed Name As of June 30, 1989 405/270-2124					Title						
		Telephor									

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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 Request for anowable for newly unlied of deepened wen must be accompleted wells.
 All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.