

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

## OIL CONSERVATION DIVISION

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

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

I. Operator Kerr-McGee Corporation Well API No. 30-025-24592

Address One Marienfeld Place, Suite 200, Midland, TX 79701

Reason(s) for Filing (Check proper box)

New Well ☐

Recompletion ☐

Change in Operator ☒

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

☐ Other (Please explain)  
Flag-Redfern Oil Co. was merged into  
Kerr-McGee Corp. on 6/30/89

If change of operator give name and address of previous operator Flag-Redfern Oil Co., P.O. Box 11050, Midland, TX 79702

### II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>State 32 Com.</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Sawyer (San Andres) Assoc</u>	Kind of Lease State State, Federal or Fee <u>L</u>	Lease No. <u>334</u>
Location				
Unit Letter <u>B</u>	<u>660</u>	Feet From The <u>North</u> Line and <u>1980</u>	Feet From The <u>East</u> Line	
Section <u>32</u>	Township <u>9S</u>	Range <u>38E</u>	NMPM	Lea County

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <u>Lantern Petroleum Company</u>	or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 2281, Midland, TX 79702</u>				
Name of Authorized Transporter of Casinghead Gas <u>Cities Service Oil Company</u>	or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 300, Tulsa, OK 74102</u>				
If well produces oil or liquids, give location of tanks.	Unit <u>B</u>	Sec. <u>32</u>	Twp. <u>9S</u>	Rge. <u>38E</u>	Is gas actually connected? <u>Yes</u>	When? <u>1/76</u>

If this production is commingled with that from any other lease or pool, give commingling order number.

### IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded	Date Complet 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

### V. 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 (pucc, 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.

Signature Ivan D. Geddie Mgr., Cons. & Unit.  
Printed Name Ivan D. Geddie Title  
As of June 30, 1989 405/270-2124  
Date Telephone No.

### OIL CONSERVATION DIVISION

Date Approved AUG 6 1989  
ORIGINAL SIGNED BY JERRY SEXTON  
By 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 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.