

OIL CONSERVATION DIVISION

P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

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):
 Change in Transporter of:
 Change in transporter
 Change in operator give name:
 address of previous operator:

DESCRIPTION OF WELL AND LEASE

Well Name: Allied 93
 Well No.: 3
 Pool Name, including Formation: Sawyer (San Andres) Assoc
 Kind of Lease: Fed
 State, Federal or Fee
 Lease No.: 0103893
 Unit Letter: K
 1980 Feet From The West Line and 2080 Feet From The South Line
 Section 24 Township 9S Range 37E, NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil: Lantern Petroleum Company
 or Condensate
 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 Casinghead Gas: Trident NGL, Inc.
 or Dry Gas
 Address (Give address to which approved copy of this form is to be sent): P.O. Box 50250 Midland, TX 79710
 Well produces oil or liquids, location of tanks: Unit D, Sec. 24, Twp. 9S, Rge. 37E
 Is gas actually connected? yes
 When? 3/74
 If production is commingled with that from any other lease or pool, give commingling order number:

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.:
 Deviations (DF, RKB, RT, GR, etc.): Name of Producing Formation: Top Oil/Gas Pay: Tubing Depth:
 Casing Shoe:

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 (pilot, back pr.): Tubing Pressure (Shut-in): Casing Pressure (Shut-in): Choke Size:

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

OIL CONSERVATION DIVISION

Date Approved: [Signature]
 By: [Signature]
 Title:

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 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.