Energy, Millerais and Ivanian Accounces Department

See Instructions at Bottom of Page

OIL CUNSERVATION DIVISION

P.O. Box 2088

NCT III Rio Brazos Rd., Aztec, NM 87410

LOF

UCT II Frawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No.

Kerr-McGee Corpo	ration			,, <u>.</u>		, . ,					
P.O. Box 11050	Mid	land,	TX	797	02						
n(s) for Filing (Check proper box)							(Please explai		-		
Well		Change in	Тпальтро	xter (of:		Change i	n trans	porter		į
mpletion \Box	Oil	닏	Dry Ga	15							
ge in Operator	Casinghea	d Gas 🔟	Conden	ne	<u> </u>						
age of operator give name kiress of previous operator	· · · · · · · · · · · · · · · · · · ·							<u> </u>		·	
DESCRIPTION OF WELL A	ND LE		15					Vinda	Lesse Fe	3 14	ase No.
: Name						6 : 0 :			rederal or Fee LC-065151		
Bilbrey 23		ر	Sa	wye	r, W	est (san	i Andres	<u>′ </u>			1111
tion M	á	560		_	_ 1.7	est Line	and 660	· -	t From The	Sout	n Line
Unit Letter	:	,00	_ Feet Fr	rom	he	CSC Line	and	ra	a riom ine_	3000	14116
Section 23 Township	99	3	Range		37E	, NM	IPM,	Lea	· · · · · · · · · · · · · · · · · · ·		County
DESIGNATION OF TRANS				ID N	(ATU)	Address (Give	address to wh	ich approved	come of this f	orm is to be se	nt)
e of Authorized Transporter of Oil or Condensate						Address (Give address to which approved copy of this form is to be sent) P.O. Box 2281 Midland, TX 79702					
						Address (Give address to which approved copy of this form is to be sent)					
rident NGL, Inc.						1 '	P.O. Box 50250 Midland, TX 79710				
:ll produces oil or liquids,	Unit	Sec.	Twp.		Rge.	is gas actually connected? When			?		
ocation of tanks.	L	1 23 9S 37E			yes			5/75			
production is commingled with that f	rom any oti	her lease or	pool, gi	ve co	enmingl	ing order numb	er:				
COMPLETION DATA			 ,			1		1		(a	D'07 D - 111
esignate Type of Completion -	(X)	Oil Well	1 j	Gas '	Well	New Well	Workover	Deepen	riug Back	Same Res'v	Diff Res'v
: Spudded	Date Compi. Ready to Prod.				Total Depth		L	P.B.T.D.	<u> </u>		
Date Comp. Ready to 1100											
ttions (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
anoitaro									Depth Casir	ng Shoe	
		TIDDIC	CASI	DIC	ANID	CEMENTO	IC PECOP	<u> </u>	<u> </u>	 	
HOLE SIZE	TUBING, CASING AND COLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT		
HOLE SIZE	OAGING & TODING OIZE										
						<u> </u>				·	
TEST DATA AND REQUES										6 6-11 24 hav)
						be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)					
: First New Oil Rull TO Tallk	Date of Year					, , , , , , , , , , , , , , , , , , ,					
zth of Test	Tubing Pressure				Casing Pressure			Choke Size			
ial Prod. During Test	Oil - Bbls.					Water - Bbls.			Gas- MCF		
						<u> </u>			<u> </u>	·	
AS WELL											
ual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
ig Method (puot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size			
ug intenton (puor, once pr.)	. 20.08 1	(511)									
OPERATOR CERTIFIC	ATEO	E COM	— — PI TA	NC	——	1					
hereby certify that the rules and regul				11 C	_	∥ . (OIL CO	NSERV	ATION	DIVISION	NC
Division have been complied with and	that the inf	ormation gi		ve					.a		
s true and complete to the best of my knowledge and belief.						Date	Approve	ed		104	1991
Que R. ta											
ignature Judy Santon						∥ By_	ି ବ୍ୟକ୍ତି	KA. WONE	d gy , er	NO EXER YE	<u> </u>
Judy_Benton		Analy						y a Mai	a Marter	SUR.	
Printed Name Title October 1, 1991 915/688-7039						Title					
October 1, 1991 Dale			<u>688-/</u> elephone		2						
			•								

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
- 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.