Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Dep

Form C-104

OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

Santa Fe, New Mexico 87504-2088

Revised	
See Instr	
at Botton	n of Page

1.	REQ						AUTHORIZ TURAL GA				
Operator Kerr-McGee Corporat	tion	<u></u>						Well	API No. 30 -8	1250	24809
Address						TV 707	201			<i></i>	
One Marienfeld Plac Reason(s) for Filing (Check proper box)	ce, Sun	te 200	, M	<u>idlar</u>	nd,	1X /9/	<u>VI</u> Vet (Please explo	2UI)			
New Well	0.1	Change in	7	•	f:	Flag-Re	dfern Oi	1 Co. v	vas mero	ed into	4
Recompletion Change in Operator	Oil Casinghe	ad Gas	Dry Cond	ias Iensate			:Gee Corp			, , , , , , , , , , , , , , , , , , , ,	
(fabrican of commence since some			Co	р	Δ.	Box 110	50, Midl	and. T	79702		
II. DESCRIPTION OF WELL	•			, , , , , ,			•	, ,			
Lease Name		Well No.	1			ng Formation			of Lease Fe Federal or Fe		ease No.
Santa Fe		1	וען	kens	on_	(San An	ares)				· · · · · · · · · · · · · · · · · · ·
Unit LetterF	:	1980	_ Feal	From T	he N	orth Lie	ne and19	80 F	et From The	West	Line
Section 35 Townsh	in 10	S	Rang	ie.	36E	. N	MPM,		Le	a	County
10.12											
III. DESIGNATION OF TRAIN Name of Authorized Transporter of Oil	NSPORTI	or Conde		ND N	ATU	Address (Gi	ve address to wi	tick approved	copy of this f	orm is to be st	ent)
Lantern Petroleum Co	mpany						Box 228				
Name of Authorized Transporter of Casi	nghead Gas		or D	ry Gas		Address (Gi	ve address to wi	rick approved	copy of this f	orm u io be se	ni)
If well produces oil or liquids,	Unit	Sec.	Twp		Rge.	. •	ly connected?	When	1 ?		
give location of tanks. If this production is commingled with that	F	1 35	1105		36E		No	l			
IV. COMPLETION DATA	t from any or		. род, ,								
Designate Type of Completion	n - (X)	Oil We	u	Gas W	/ell	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded		npi. Ready	io Prod.	•		Total Depth	1	<u> </u>	P.B.T.D.	<u> </u>	_I
Elevations (DF, RKB, RT, GR, etc.)	Name of	Producing F	omati	OB.		Top Oil/Gas	Pay		Tubing Dep	<u></u>	-
Perforations						<u> </u>			Death Casis	Depth Casing Shoe	
renorations									Бери Сам	il aive	:
					AND	CEMENT	NG RECOR				
HOLE SIZE	C,	ASING & T	UBING	3 SIZE		<u> </u>	DEPTH SET		 	SACKS CEM	ENI
									-		
V. TEST DATA AND REQUE											
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of T		e of loa	d oil an	d must		r exceed top all lethod (Flow, p			for full 24 hou	(FS.)
				. <u></u>					10.00		
Length of Test	Tubing P	Tubing Pressure		Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbl	Oil - Bbis.		Water - Bbia.			Gas- MCF				
GAS WELL			_		_	<u> </u>			1		
Actual Prod. Test - MCF/D	Length o	Test				Bbis. Conde	nau/MMCF		Gravity of	Condensate	
	Tubing Pressure (Shut-in)		Casing Pressure (Shut-is)			Choke Size					
Testing Method (pilot, back pr.)	1 doing P	TESSILIE (36)	ш·ш)	•		Cattley Free	ane (200-m)		Choic Size	•	
VL OPERATOR CERTIFIC	CATE O	F COM	PLIA	NCE	:			ICEDV	ATION	DIVICIO	
I hereby certify that the rules and reg Division have been complied with an							OIL COM		_		JIN
is true and complete to the best of m	y knowledge	and balief.		_ · •		 Date	e Approve	,	618		
whom is beldie		ORIGINAL SIGNE			D BY JER	D BY JERRY SEXTON					
Signature D. Coddin	14	\ <u>`</u>	^	11:		By_		DISTRICT	I SUPERVI	20X	
Ivan D. Geddie	<u>Mgr</u>	., con	S. &	<u>Uni</u>	<u>l.</u>	Title	.				
As of June 30, 1989	<u> </u>	405/2 Te	70-2					<u></u> .			

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.

			
DISTRIBUTIO			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
I HARSTONI ER	GAS		
OPERATOR			
		1	

Senior Proration Analyst

1-25-85

(Title)

(Date)

NEW MEXICO OIL CONSERVATION COMMISS REQUEST FOR ALLOWABLE AND

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-55

U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL G	AS		
LAND OFFICE					
IRANSPORTER GAS					
OPERATOR					
PRORATION OFFICE					
Operator Place Podform Oil Comp	2224				
Flag-Redfern Oil Comp	party				
P.O. Box 11050	Midland, Texas 79702				
Reason(s) for filing (Check proper box)		Other (Please explain)			
New Well	Change in Transporter of:				
Recompletion	OII X Dry Gas	7			
Change In Ownership	Casinghead Gas Condens	sate 🛄			
If change of ownership give name and address of previous owner	· · ·				
DESCRIPTION OF WELL AND I	LEASE				
Lease Name	Well No. Pool Name, Including Fo	i i			
Santa Fe	1 Dickenson (San	Andrès) State, Federal	or Fee Fee		
Location T 108	0 North	1980 -	West		
Unit Letter F : 198	Feet From The NOT CIT Line	e and Feet From T	he		
Line of Section -35 Tow	rnship 10S Range 3	6E , _{NМРМ} , Lea	County		
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	s			
Name of Authorized Transporter of Oil	XX or Condensate	Aidress (Give address to which approv P.O. Box 2281, Midland			
Lantern Petroleum Comp	· · · · · · · · · · · · · · · · · · ·	Address (Give address to which approv			
None	iniqued dus [Address (March States)	ce copy of this form is to be sain,		
If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? Whe	n.		
give location of tanks.	F 35 10S 36E	no			
If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,	· · · · · · · · · · · · · · · · · · ·			
Designate Type of Completion	on - (X) Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top O!1/Gas Pay	Tubing Depth		
Perforations	<u></u>		Depth Casing Shoe		
	TUBING, CASING, AND	CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
NOCE SIEC					
		<u> </u>	<u> </u>		
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a)	fter recovery of total volume of load oil o più or be for full 24 hours)	and must be equal to or excess top allow-		
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	t, etc.)		
Length of Test	Tubing Preseure	Casing Pressure	Choke Size		
Latural Dand Durden Tank	Oil-Bbls.	Water-Bbls.	Gas-MCF		
Actual Prod. During Test					
		<u> </u>			
GAS WELL					
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
testing Method (pitot, back pr.)	. abing . 1005mg (Binte-In)				
CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION		
CERTIFICATE OF COMPENA		INNI	0 1985		
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED JAN 3 0 1985 Eddie W. Seay			
		BY Eddie	e vy. seuy		
		Cil & Gas Inspector			
		TITLE			
andy Ben	_		compilance with RULE 1104.		
	,,	If this is a request for allowable for a nawly drilled or despend			

well, this form must be accompanied by a tabulation of tests taken on the well in accordance with BULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted walls.

Fill out only Sections I. II. III. and VI for changes of owner, well name or number, or transporter or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.