	State of New Mexico				Form C-104 Revised 1-1-89 See Instructions		
P.O. Box 1980, Hobbs, NM 88240	OILC	ONSERVA	TION DIVISIO	DN	at Bott	m of Page	
DISTRICT II P.O. Drawer DD, Anesia, NM 88210		P.O. Bo	ox 2088 exico 87504-2088				
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			BLE AND AUTHOR AND NATURAL G				
I. Operator	10 114	ANSFORT OIL	AND NATOLIAE C	Well A	PI No.	·······	
Kerr-McGee Corporati	ion			I	30-025-29	4900	
One Marienfeld Place	e, Suite 200	, Midland,	TX 79701				
Reason(s) for Filing (Check proper box)	Change in	Transporter of:	Other (Please exp				
Recompletion	•	Dry Gas	Flag-Redfern O Kerr-McGee Cor				
If change of operator give name and address of previous operator Elag-	Redfern Oil	Co., P.O.	Box 11050, Mid	land, TX	79702		
<b>II. DESCRIPTION OF WELL</b>							
Lesse Name Bilbrey 51	Well No. 2	1	<u>San Andres) ((4</u>	<b>6</b>	Protocol and Provide	ease No. 5151	
Unit LetterH	1980	_ Feet From The	North Line and	660 F•	er From TheEast	Line	
Section 23 Township	95	Range 37	E , NMPM,	<u></u>	Lea	County	
III. DESIGNATION OF TRANS	SPORTER OF O		RAL GAS	which approved	copy of this form is to be s	eni)	
Lantern Petroleum Con				P. O. Box 2281, Midland, TX 79702			
Name of Authorized Transporter of Casing		or Dry Gas 🖂 NGL Anc	Address (Give address to v P. O. Box 300		copy of this form is to be s OK 74102	ini)	
If well produces oil or liquids, give location of tanks.	Unut Sec. A 23	Twp.         Rge.           9S         37E			When ? 12/74		
If this production is commingled with that f	TOT ABY Other lease of	r pool, give comming	ling order number:			·	
IV. COMPLETION DATA	Ori Wel	Li Gas Well	New Well Workover	Decpea	Plug Back Same Res'v	Diff Res'v	
Designate Type of Completion	- (X) j Date Cumpt Ready (	o Prud.	Total Depth	1	P.B.T.D.	L	
Date Spuided			Top Oil/Ges Pay				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Tob Oracles Lea		Tubing Depth		
Perforations					Depth Casing Shoe		
TUBING, CASING AND							
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
	÷					<u></u>	
<u></u>	: 						
V. TEST DATA AND REQUES OIL WELL (Test must be after n	T FOR ALLOW	ABLE	t be equal to or exceed top a	llowable for thi	e denth or he for full 24 ho	upe j	
Date First New Oil Run To Tank	Date of Test	e oj loga ou ana maa	Producing Method (Flow,				
Length of Test	Tubing Pressure		Casing Pressure		Choke Size		
•			Water - Bhia		Gas- MCF		
Actual Prod. During Test	Oil - Bbis.		Waler - Boll				
GAS WELL	Length of Test		Bbls. Condenante/MMCF		Gravity of Condensate		
Tesung Method (pilot, back pr.)	Tubing Pressure (Sh	ul-m)	Casing Pressure (Shut-in)		Choke Size		
			l		<u> </u>		
VL OPERATOR CERTIFIC I hereby certify that the rules and regul Division have be a complied with and is true and complete to the bert of my	lations of the Oil Conse that the information g	ervation		Δ	ATION DIVISI	NC	
for i 2/0	ORIGINAL SIGNED BY JERRY SEXTON						
Signature Ivan D. Geddie Printed Name		s. & Unit.	By	LIS IKIC	LSUPERVISOR		
As of June 30, 1989	405/2	70-2124 Elephone No.			······		
INSTRUCTIONS, This for			Dula 1104				

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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 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.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.