omit 5 Cooles
coropnate District Office
STRICT 1

3. Box 1980, Hobbs, NM 88240

STRICT II D. Drawer DD, Artesia, NM 58210

STRICT III 00 Rio Brazos Rd., Aztec, NM 87410

Energy, Therais and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

perator							Well A	.PI No.			
Kerr-McGee Corpo	ration										
ddress											
P.O. Box 11050	Mid	land,	TX	79 7 02	VY Out	- /71	:_1				
eason(s) for Filing (Check proper box)		_	-		XX Other	r (Please expla					
ew Well		Change in		_		Change i	in trans	sporter			
ecompletion	Oil Codestant		Dry G	_							
hange in Operator change of operator give name	Casinghead	Gas	Conde								
d address of previous operator						 					
. DESCRIPTION OF WELL A	ANDIEA	CE									
case Name			Pool N	Name, Includi	ng Formation		Kind o	Lesse Fed	Le	228 No.	
Allied 93		5	1	•	-	es) asso		Federal or Fee	0103	893	
ocation				/ (-				<u> </u>			
Unit Letter F	. 198	80	East E	imm The N	lorth Lin	and 198	30 Fe	et From The	Wes	t Line	
Omit Letter	. : <u> </u>		_ rea r	TOM THE		5 4110		a rioni file _	1100	<u></u>	
Section 24 Township	9S		Range	37E	, NI	мрм,	Lea			County	
									<u>-</u>		
I. DESIGNATION OF TRANS				ND NATU							
arme of Authorized Transporter of Oil or Condensate					Address (Give address to which approved copy of this form is to be sent)						
Lantern Petroleum Com	<u> </u>					ox 2281			79702		
iame of Authorized Transporter of Casing	head Gas	\square	or Dry	y Gas 🔚	1	e address to wh	• •			nt)	
Trident NGL, Inc.						ox 50250		land, TX	<u> 79710</u>		
well produces oil or liquids, ve location of tanks.	Unnit				Is gas actually connected? When				12/74		
					yes			12	7/4		
this production is commingled with that f V. COMPLETION DATA	rom any othe	et lesse of	pool, g	ive commingi	ing order num	ber:					
V. COMPLETION DATA		Oil Wel	<u>. 1</u>	Gas Weil	New Well	Workover	Deepen	Plug Back	Same Pee'u	Diff Res'v	
Designate Type of Completion	- (X)	I WE	•	OZS WEII	I New Well	i workover	Deepen	i ting Dack i	Salise Nes v	l l	
Date Spudded	Date Comp	ol. Ready t	o Prod.		Total Depth	I	I	P.B.T.D.			
·	•	_									
Revations (DF, RKB, RT, GR, etc.) Name of Producing Formation erforations					Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth Depth Casing Shoe		
								<u> </u>			
	<u>T</u>	UBING	<u>, CAS</u>	ING AND	CEMENTI	NG RECOR	<u>D</u>	-,			
HOLE SIZE	CAS	SING & T	UBING	SIZE		DEPTH SET	·	S	ACKS CEM	ENT	
								-			
				·	-						
	<u> </u>				-						
. TEST DATA AND REQUES	TEODA	HOW	ADII								
IL WELL (Test must be after re					the equal to o	r exceed top all	owable for the	ie denth or he fi	or full 24 how	ere)	
Date First New Oil Run To Tank	Date of Te		o, iou	2 011 12/121 //11051		ethod (Flow, pr			7 72: 27 720		
The flow on hear to than	Date of 10	· A				(, ,		,			
ength of Test	Tubing Pressure			Casing Press	ure		Choke Size				
-											
ctual Prod. During Test Oil - Bbls.					Water - Bbls	Water - Bbls.			Gas- MCF		
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbis. Conde	nsate/MMCF		Gravity of Condensate			
•											
esting Method (pilot, back pr.)	ting Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
/I. OPERATOR CERTIFIC	ATE OF	COM	PLIA	NCE							
I hereby certify that the rules and regul					1 '	OIL COI	NSERV	ATION I	DIVISIO	NC	
Division have been complied with and that the information given above										a3₫	
is true and complete to the best of my l	knowledge a	nd belief.			Date	e Approve	ed	1 1 1		191	
\sim 2	-+-					C	-				
Judy Berton					∥ By_	18.8538	en Landon	D BY SEC.	r gwyd mad		
Signature		Ano 1-	,c+ [™]	гт	by -		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	d Symptose Isumplik			
		Analy	7ST 1 Title		T:41 -		~				
October 1, 1991		915/6			Title	·					
Date			lephone								

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.