 Jubmit 5 Copies Appropriate Distinct Office DISTRICT 1		of New Mexico Natural Resources Depent	Form C-104 Revined 1-1-89 See Instructions
20. Box 1980, Hobbs, NM 88240 <u>DISTRICT II</u> 20. Drawer DD, Anesia, NM 88210	P.C	VATION DIVISION D. Box 2088 v Mexico 87504-2088	at Bottom of Page
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410	REQUEST FOR ALLO	VABLE AND AUTHORIZATION	I
l. Operator	TOTRANSPORT	OIL AND NATURAL GAS	API No.
Kerr-McGee Corporat	ion		30.025.249.53
Address One Marienfeld Plac Reason(s) for Filing (Check proper box)	e, Suite 200, Midlan	d, TX 79701 Other (Please explain)	
New Weil	Change in Transporter of	☐ Flag-Redfern Oil Co.	was merged into
Recompletion Change is Operator	Oil Dry Gas Casinghead Gas Condensate	Kerr-McGee Corp. on 6	
f change of operator give name ad address of previous operator Elag.		0 Box 11050, Midland, T	Y 70702
I. DESCRIPTION OF WELL	-	<u>↓, </u>	·····
Lease Name	Weil No. Pool Name, In		1 of Lease FEE Lease No.
Brown 17	1 Sawyer	(San Andres) aso (San Andres)	e, Federal or Fee
Unit LetterF	1980 Feet From Th	North Line and 1980	Free From The West Line
Section 17 Townshi	ip <u>9S</u> Range	38E , NMPM,	Lea County
II. DESIGNATION OF TRAN	SPORTER OF OIL AND N	TURAL GAS	
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approve	
Lantern Petroleum Co Name of Awhonzed Transporter of Casing		P. O. Box 2281, Midl	
Cities Service 011 C		P. 0. Box 300. Tulsa	. <u>0K 74102</u>
f well produces oil or liquids, ive location of tanks.	Unut Sec. (Twp. F 17 195 3	Rge. Is gas actually connected? When BE Yes	1/76
f this production is commungled with that			
V. COMPLETION DATA		II New Well Workover Deepen	Piug Back Same Res'v Diff Res'v
Designate Type of Completion	- (X) Oil Well Gas W		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations	<u> </u>		Depth Caung Shos
		ND CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SAUNS CEMENT
			<u> </u>
V. TEST DATA AND REQUE		······································	<u></u>
DIL WELL (Test must be after) Date First New Oil Run To Tank	recovery of total volume of load oil and Date of Test	must be equal to or exceed top allowable for the Producing Method (Flow, pump, gas lift	
Length of Test	Tubing Pressure	Caring Pressure	Choke Size
•			Gas- MCF
Actual Prod. During Test	Oil - Bbls.	Water - Bbis.	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	
Actual Prod. During Test		Bbis. Condensate/MMCF	Gravity of Condensate
Actual Prod. During Test	Length of Test	Bbis. Condensaie/MMCF	Gravity of Condensate
Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D			
Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Testung Method (puol. back pr.)	Length of Test Tubing Pressure (Shut-in)	Bbls. Condensate/MMCF Casing Pressure (Shut-in)	Gravity of Condensate Choke Size
Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Testung Method (pilot, back pr.) VI. OPERATOR CERTIFIC I hereby certify that the rules and regul	Length of Test Tubing Pressure (Shut-in) CATE OF COMPLIANCE distions of the Oil Conservation	Bbls. Condensate/MMCF Casing Pressure (Shut-in) OIL CONSER\	Cravity of Condensate Choice Size /ATION DIVISION
Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Testung Method (puot, back pr.) VL OPERATOR CERTIFIC	Length of Test Tubing Pressure (Shut-in) CATE OF COMPLIANCE Listices of the Oil Conservation I that the information gives above	Bbla. Condensate/MMCF Casing Pressure (Shid-in) OIL CONSERV	Cravity of Condensate Choice Size /ATION DIVISION
Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Testing Method (pilot, back pr.) 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	Length of Test Tubing Pressure (Shut-in) CATE OF COMPLIANCE lations of the Oil Conservation I that the information gives above knowledge and belief.	Bbis. Condensate/MMCF Casing Pressure (Shut-is) OIL CONSERV Date Approved	Gravity of Condensate Choice Size /ATION DIVISION AUG = 8
Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Testing Method (pilot, back pr.) VI. 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 Mark Mark	Length of Test Tubing Pressure (Shut-in) CATE OF COMPLIANCE Listices of the Oil Conservation I that the information gives above	Bble. Condensate/MMCF Casing Processe (Shut-in) OIL CONSER\ Date Approved ORIGINAL SIGN	Gravity of Condensate Choice Size /ATION DIVISION AUG 8
Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Testing Method (pilot, back pr.) VI. OPERATOR CERTIFIC I hereby certify that the rules and regul Division have be a complete with and is true and coopiets to the ber of my Signature I Van D. Geddie	Length of Test Tubing Pressure (Shut-in) CATE OF COMPLIANCE listices of the Oil Conservation I that the information gives above knowledge and belief.	Bbls. Condensate/MMCF Casing Pressure (Shut-in) OIL CONSERV Date Approved ORIGINAL SIGN ByDISTRICT	Gravity of Condensate Choice Size /ATION DIVISION AUG = 8
Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Testing Method (picot, back pr.) VL OPERATOR CERTIFIC I hereby certify that the rules and regul Division have be a complied with and is true and copplets to the bert of my Multiple Supplementation Supplementation	Length of Test Tubing Pressure (Shut-in) CATE OF COMPLIANCE Unitions of the Oil Conservation I that the information gives above knowledge and belief.	Bbls. Condensate/MMCF Casing Pressure (Shut-in) OIL CONSERV Date Approved ORIGINAL SIGN ByDISTRICT	Cravity of Condensate Choice Size /ATION DIVISION AUGE 8 ED BY JERRY SEXTON I SUPERVISOR

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.

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