|   |  |               |                     |                     |                           |   |                              | See Instructions |                                       |              |  |
|---|--|---------------|---------------------|---------------------|---------------------------|---|------------------------------|------------------|---------------------------------------|--------------|--|
| 20x 1980, Hobbs, NM 88240   | OIL CUNSERVATION DIVISION                        |               |                     |                     |                           |   | J                            |                  | at Bottom                             | of tage      |  |
| Drawer DD, Artesia, NM 88210<br>RICT III  | P.O. Box 2088<br>Santa Fe, New Mexico 87504-2088 |               |                     |                     |                           |   |                              |                  |                                       |              |  |
| Rio Brazos Rd., Aztec, NM 87410   | REQUE  | ST FOF        |                     |                     | LE AND A<br>AND NAT       | UTHORIZ   | 5                            |                  |                                       |              |  |
| Kerr-McGee Corpo  | ration   |               |                     |                     |                           |   | Well A                       | PL No.           |                                       |              |  |
| 258   |  |               |                     | <u> </u>            |                           |   |                              |                  |                                       |              |  |
| P.O. Box 11050<br>on(s) for Filing (Check proper box)   | Mid1   | and, T        | <u>X 797</u>        | 02                  | XX Othe                   | r (Please explai  | n)                           |                  |                                       |              |  |
| Well  |  | hange in Tr   | -                   | f:                  | —                         | Change i  | n trans                      | porter           |                                       |              |  |
| ige in Operator   | Oil<br>Casinghead (                              |               | ry Gas<br>ondensate |                     |                           |   |                              |                  |                                       |              |  |
| nge of operator give name<br>ddress of previous operator  |  |               |                     |                     |                           |   |                              |                  |                                       |              |  |
| DESCRIPTION OF WELL A   | ND LEAS  | SE            |                     |                     |                           |   |                              |                  |                                       | ·            |  |
| e Name  | Well No. Pool Name, Includin<br>5 Sauver M       |               |                     |                     |                           |   | (Lease Fee<br>Federal or Fee |                  | ase No.                               |              |  |
| Bilbrey 23  | [  |               | Sawye               | <u>1, w</u>         |                           | I Allutes)  | 1                            |                  |                                       |              |  |
| Unit Letter   | :2120  | ) F           | eet From T          | he                  | last_Line                 | and 800   | Fee                          | et From The _    | South                                 | Line         |  |
| Section 23 Township   | <u>95</u>  | R             | ange                | <u>37e</u>          | , NI                      | IPM,  | Lea                          |                  |                                       | County       |  |
| DESIGNATION OF TRANS  | SPORTER  | OF OII        | . AND N             | ATID                | RAL GAS                   | •   |                              |                  |                                       |              |  |
| X I I I I I I I I I I I I I I I I I I I   |  |               |                     |                     | Address (Giw              | Address (Give address to which approved copy of this form is to be sent)                                    |                              |                  |                                       |              |  |
| antern Petroleum Comp<br>re of Authorized Transporter of Casing   | tern Petroleum Company                           |               |                     |                     |                           | P.O. Box 2281 Midland, TX 79702<br>Address (Give address to which approved copy of this form is to be sent) |                              |                  |                                       |              |  |
| rident NGL, Inc.  |  |               |                     | P.O. Box 50250 Mid1 |                           |   | and, TX 79710                |                  |                                       |              |  |
| ell produces oil or liquids,<br>location of tanks.  | Unuit S  | iec.  1<br>23 | Wp.  <br>95   3     | Rge.<br>7E          | ls gas actually<br>ves    | Is gas actually connected? When ?   |                              |                  |                                       |              |  |
| s production is commingled with that f  | rom any other                                    | <u> </u>      | 20                  |                     | ·                         | xer:  |                              |                  |                                       |              |  |
| COMPLETION DATA   |  | Oil Well      | Gas V               | Vell                | New Well                  | Workover  | Deepen                       | Plug Back        | Same Res'v                            | Diff Res'v   |  |
| Designate Type of Completion -  | (X)  |               | i                   |                     | Total Depth               |   | ·                            | ļ                | İ                                     | i            |  |
| : Spudded   | Date Compl. Ready to Prod.                       |               |                     |                     | i vai Depui               |   |                              | P.B.T.D.         |                                       |              |  |
| ations (DF, RKB, RT, GR, etc.)  | Name of Producing Formation                      |               |                     |                     | Top Oil/Gas Pay           |   |                              | Tubing Dep       | Tubing Depth                          |              |  |
| orations  |  |               |                     |                     | ]                         |   |                              |                  | Depth Casing Shoe                     |              |  |
|   |  | TODA (        |                     | 4.NTD               |                           | NC RECOR  |                              |                  |                                       |              |  |
| HOLE SIZE   | TUBING, CASING AND<br>CASING & TUBING SIZE       |               |                     |                     | DEPTH SET                 |   |                              | SACKS CEMENT     |                                       |              |  |
|   |  |               |                     |                     |                           |   |                              |                  |                                       |              |  |
|   |  |               |                     |                     |                           |   |                              |                  | · · · · · · · · · · · · · · · · · · · |              |  |
| TEST DATA AND REQUES  | T FOR A  | LLOWA         | BLE                 |                     | 1                         | ····  |                              | 1                |                                       |              |  |
| WELL (Test must be after r  |  |               |                     | nd must             |                           |   |                              |                  | for full 24 hou                       | <b>75.</b> ) |  |
| e First New Oil Run To Tank   | Date of Test                                     |               |                     |                     | Producing M               | ethod (Flow, pu   | imp, gas lift, i             | elc.)            |                                       |              |  |
| gth of Test   | Tubing Pressure                                  |               |                     |                     | Casing Pressure           |   |                              | Choke Size       |                                       |              |  |
| ual Prod. During Test   | Oil - Bbls.                                      |               |                     |                     | Water - Bbls.             |   |                              | Gas- MCF         |                                       |              |  |
|   |  |               |                     |                     |                           |   |                              |                  |                                       |              |  |
| AS WELL   | Length of T                                      | est           |                     |                     | Bhle Cond-                | BLE/MMCF  |                              | Gravity of       | Condensate                            |              |  |
|   |  |               |                     |                     | Bbls. Condennate/MMCF     |   |                              |                  |                                       |              |  |
| ing Method (pitot, back pr.)  | Tubing Pressure (Shut-in)                        |               |                     |                     | Casing Pressure (Shut-in) |   |                              | Choke Size       | Choke Size                            |              |  |
| . OPERATOR CERTIFICATE OF COMPLIANCE<br>hereby certify that the rules and regulations of the Oil Conservation<br>Division have been complied with and that the information given above<br>s true and complete to the best of my knowledge and belief. |  |               |                     |                     |                           | OIL CONSERVATION DIVISION Date Approved   |                              |                  |                                       |              |  |
| Audel   | Benton   |               |                     |                     |                           | Ry 3.0353. State State State State  |                              |                  |                                       |              |  |
| Signature Judy Benton   |  |               |                     |                     |                           | By MARK WORTH BY MARY SEXFORM   |                              |                  |                                       |              |  |
| Printed Name  | Tide<br>915/688-7039                             |               |                     |                     | 11                        | Title   |                              |                  |                                       |              |  |
| October 1, 1991<br>Date   |  |               | phone No.           |                     |                           |   |                              |                  |                                       |              |  |
| INSTRUCTIONS: This for  | m is to be t                                     | filed in co   | ompliance           | e 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.

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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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