mit 5 Cooles propriate District Office TRICT I). Box 1980, Hobbs, NM 88240 Energy, erais 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

STRICT III 10 Rio Brazos Rd., Aziec, NM 87410

STRICT II
). Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

erator						Well A	PI NO.			
Kerr-McGee Corpo	ration					<u> </u>				
dress										
P.O. Box 11050	Midland.	TX 7	9702							
ason(s) for Filing (Check proper box)				XX Othe	r (Please expia					
w Well	Change	in Transport	er of:		Change i	in trans	porter			
completion \Box	Oil L	Dry Gas								
ange in Operator	Casinghead Gas	Condenz	ite							
hange of operator give name address of previous operator										
DESCRIPTION OF WELL A	AND LEASE									
ase Name	ng Formation Kind of			Lesse Fed	Lesse Fed Lesse No.					
Bilbrey 51	3	-	(San Andres) (MUU State, F			ederal or Fee 065151				
cation							•			
Unit LetterG	:1980	Feet From	m The	East Line	and 218	0F	et From The	North	Line	
Section 23 Township	9 S	Range	37E	, NI	лрм,	Lea			County	
DECICNATION OF TRANS	EDODTED OF	OII AND	. N. (A 1717 11	DAT CAS	•					
I. DESIGNATION OF TRANS	SPORTER OF Or Cond		NATU		address to wil	ich annemad	copy of this form i	to be	mt)	
Lantern Petroleum Com			1	ox 2281	- •		3 <i>10 02 32</i> 9702	· - /		
		P	<u> </u>							
ome of Authorized Transporter of Casing Trident NGL, Inc.	head Gas	or Dry C	745				copy of this form i		uj	
	11124 1000	17000	7	P.O. Box 50250 Is gas actually connected?			and, TX	9710		
well produces oil or liquids, e location of tanks.	Unit Sec. A 23	Twp. 98	1 37E			l when	When? 9/75			
				yes			71.1			
his production is commingled with that f COMPLETION DATA	rom any other lease	or poot, gave	commung	ing Order num	ær:					
Designate Type of Completion	Oii W	ell G	as Weii	New Well	Workover	Deepen	Plug Back Sam	e Res'v	Diff Res'v	
ate Spudded	Date Compl. Ready	to Prod.		Total Depth	I	<u></u>	P.B.T.D.	-		
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
realist (DF, RAB, R1, OR, 212.)							Tuoing Deput			
riorations							Depth Casing Sh	oe		
	CONT. T.P. Y.S. Y.	C C C C C C C C C C C C C C C C C C C		CTA CENTER	NO DECOR		<u> </u>			
				CEMENTI	NG RECOR DEPTH SET		SAC	KS CEM	ENT	
HOLE SIZE	CASING &	TUBING 5	IZE	<u> </u>	DEFIN SET		SAC	V2 CEMI	EINI	
				 			<u> </u>			
				<u>!</u>			1		·	
				i						
TEST DATA AND REQUES	T FOR ALLOY	WARLE		<u> </u>			-!			
	ecovery of total volu		il and must	be equal to or	exceed top allo	owable for thi	s depth or be for fi	41 24 hou	rs.)	
ate First New Oil Run To Tank	Date of Test	0, 10,000			ethod (Flow, pi					
and the first to the	Date of real				(- · · ·)	, , , ,	,			
ength of Test	st Tubing Pressure			Casing Press	ure		Choke Size			
I doing i ressure										
ctual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF		
tion from builty for	Oil - Dois.									
GAS WELL	·									
ctual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
I. OPERATOR CERTIFIC	ATE OF CO	ADT TAN	CE	ir			:			
			CL	∦ ` (OIL CON	USERV	ATION DI	VISIO	NC	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				11			000			
is true and complete to the best of my knowledge and belief.				Date	Date Approved					
	ρ			Dale	- whhinke	;u	See that W			
(Durks	Dentin	i		_	Pagete cases	م€ن£ديھروم يي	But I book as	of the gard to the		
Signature	, -,			∥ By_	1 3 1 5 may 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ne merchalik Ne merken si	BY MARY SE SUSSEVENCE	* (CM)		
Judy_Benton	Ana	<u>lyst II</u>								
Printed Name	01.5	Title / 600 70	20	Title						
October 1, 1991 Date		<u>/688-70</u> Telephone N								
										

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.