Submit 5 Copies Appropriate Distinct Office	Energy, Minerals and Natural Resources Department							Revised 1-1-89 See Instructions		
DISTRICT P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION							at Botto	m of Page	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	P.O. Box 2088 Santa Fe, New Mexico 87504-2088									
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410	REQUEST F									
I. Operator		ANSPC		ANDINA	TURAL GA	Well	API No.	25-25	776	
Kerr-McGee Corporat	.10n			<u>.</u>			$-\frac{\partial U}{\partial t}$	<u>x0 x0</u>		
One Marienfeld Plac Reason(s) for Filing (Check proper box)	e, Suite 200	, Mid	land,	TX 797()] T (Please expla	<i>u</i> n)	<u> </u>			
New Well Recompletion	Change in Oil	n Transpor Dry Gas Condens			dfern Oi Gee Corp		was merg /30/89	ed into		
Change in Operator [X] If change of operator give name and address of previous operator []ag				Box 110	50, Midl	and, T	X 79702			
II. DESCRIPTION OF WELL	AND LEASE			ng Formauon					N/a	
Lease Name Yates 69 Federal	Andres		i of Lease Fe(e, Federal or Fe		ase No. 6369					
Unit LetterK	1980	_ Feet Fro	m The We	est Lin	and <u>198</u>	30	Free From The .	South	Line	
Section 23 Townsh	i p 9S	Range	37E	, N	лрм,		Lea	<u>1</u>	County	
III. DESIGNATION OF TRAN			D NATU	RAL GAS						
Name of Authonzed Transporter of Oil	ne of Authonzed Transporter of Oil or Condensate				Address (Give address to which approved copy of this form is to be sent) P. O. Box 2281, Midland, TX 79702					
Name of Authorized Transporter of Casin		Address (Give address to which approved copy of this form is to be sent)					nu)			
Cities-Service-Oil-C	Company OXY	<u>1461</u>	- Harc	P. O. Box 300, Tulsa, O Is gas actually connected? When 7			en 7			
give location of tanks.	N 23	<u>j 95</u>	37E	Yes 1/76						
If this production is commungled with that IV. COMPLETION DATA		,		·	, <u> </u>	I Darres	Diug Back	Same Res'v	Diff Resiv	
Designate Type of Completion	Oil We 1 - (X)		Jas Well	New Well	Workover	Deepea				
Date Spudded	Date Compt. Ready	Total Depth			P.B.T.D.	P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Dep	Tubing Depth		
Perforations					Depuh				pth Casing Shos	
	TUBING	, CASI	NG AND	CEMENT	NG RECOR	Ð				
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				DEPTH SET				ENT	
	\ 									
V. TEST DATA AND REQUE	ST FOR ALLOW	VABLE		<u></u>			<u>l</u>			
IL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test				the equal to o Producing N	exceed top all withod (Flow, p	owable for ump, gas ly	this depth or be 1, etc.)	for full 24 ho	urs.)	
Length of Test	Tubing Pressure		Casing Pressure			Choke Size	Choke Size			
Actual Prod. During Test	Oil - Bbls.	Water - Bbla			Gas- MCF	Gas- MCF				
GAS WELL				<u> </u>	- <u></u>	<u>. </u>				
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF			Gravity of	Gravity of Condensate				
Tesung Method (puor, back pr.)	Tubing Pressure (S	Casing Pressure (Shut-in)			Choke Siz	Choke Size				
VI. OPERATOR CERTIFI I hereby certify that the rules and reg Division have be a complied with an is true and complete to the ber of m	gulations of the Oil Con and that the information g	servation given abov				ň			NC	
					Date Approved AUG N & KHIY					
Signature Ivan D. Geddie Mgr., Cons. & Unit.					By By Frict 1 SUPERVISOR					
Printed Name As of June 30, 1989 Date	405/2	Title 270-21 Telephone	24	Tutie	9					
INSTRUCTIONS, This 6										

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.