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Appropriate District Office
BISTRICT.!
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico , Minerals and Natural Resources Departmer

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

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III
1000 Rio Brazos Rd., Aziec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

I.		FOR ALLOWA							
Operator			\ \Vall			API No.			
Kaiser-Francis O	il Company	1236	254			30-041-20225			
P. O. Box 21468,	Tulsa, OK	74121-1468				,			
Reason(s) for Filing (Check proper box)	rarba, ox	74121 1400	Oth	er (Please explo	zin)				
New Well	Change i	in Transporter of:		,, ,	····•				
Recompletion		Dry Gas]						
Change in Operator	Casinghead Gas	Condensate]	Effecti	ve 1/1	/91			
If change of operator give name and address of previous operator									
II. DESCRIPTION OF WELL	AND LEASE								
Lease Name	Well No	ding Formation				of Lease No.			
Carter 54	44 1	enn)	/ -			Federal or Fee			
Location									
Unit Letter N	:660	_ Feet From The _	South Lin	e and19	00 · F	eet From The	West	Line	
25 m	n 8S	Range 35E	,					LANC	
EOTFERING 25 Townshi	1117	71.	, 197	MPM,	Roose	velt.	·	County	
III. DESIGNATION OF TRAN	SPORTER OF	IL AND NAT	URAL GAS						
Name of Authorized Transporter of Oil	FEET FOR Conde	in State Crop	Address (Giv	e address to wh	ich approve	d copy of this je	orm is to be s	sens)	
Enron Oil Trading & Tr	P. O. Box 1188, Houston, TX 77251-1188								
Name of Authorized Transporter of Casin	Address (Give address to which approved copy of this form is to be sent)								
Warren Petroleum Co. If well produces oil or liquids,	Warren Petroleum Co. ///7730				P. O. Box 1589, Tulsa, OK 74102				
give location of tanks.	Unit Sec.	Twp. Rg	T T	=	Whe				
If this production is commingled with that	1	8S 35E		<u>}</u>		2/19	9/70	· · · · · · · · · · · · · · · · · · ·	
IV. COMPLETION DATA		poor, give containt	iRting Otaet natu	oer:					
	Oil Wel	II Gas Well	New Well	Workover	Deepen	Plug Back	Cama Pac'u	Diff Res'v	
Designate Type of Completion		i			Docpes	I ring Dack	Settle Ves A	Init Kes A	
Date Spudded	Date Compl. Ready t	o Prod.	Total Depth	<u> </u>		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)			T 895						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas	Top Olivous Pay			Tubing Depth		
Perforations	<u> </u>					Darth Carlo	- 61		
						Depth Casing	g Snoe		
	TUBING	, CASING ANI	CEMENTI	NG RECORI	<u> </u>				
HOLE SIZE	CASING & T		DEPTH SET			SACKS CEMENT			

			_						
V. TEST DATA AND REQUES	T FOR ALLOW	ADIE			·	<u> </u>			
	ecovery of total volume		of he could be an						
Date First New Oil Run To Tank	Date of Test	oj toda ou una mu	Producing Me	thod (Flow, pur	mable for in	is depin or be ju	or full 24 hou	ors.)	
				(1. 1011, p.m.	, φ, gy.,				
Length of Test	Tubing Pressure		Casing Pressu	Casing Pressure			Choke Size		
				Water - Bbis.			Gas- MCF		
actual Prod. During Test Oil - Bbls.			Water - Bbls.						
			1						
GAS WELL	11								
Actual Prod. Test - MCF/D Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
Festing Method (pitot, back pr.)	Tubing Pressure (Shu	Cooling Down	Casing Pressure (Shut-in)						
results (pliot, back pr.)	1 doing Fressure (Situ	t-m <i>)</i>	Casing Pressu	re (Shut-In)		Choke Size			
VI. OPERATOR CERTIFICA	ATE OF COM	DI TANCE							
				IL CON	SERV	ATION I	אואוכוכ	M	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above								21.4	
is true and complete to the best of my knowledge and belief.			Date	Approved		JAN 1	5 1991		
1 700 700		_	Dale	whhi o và c	· ———	WITTER A C	<u> </u>		
- Jun Jal	penou	7	D	ear.		Fig. 5. (Sec.) in a	(10 t e=		
Signature () Charlotte Van Valkenbu	ra Took C-	U	By_				THE CONT	ON	
Charlotte Van Valkenburg, Tech. Coordinator Printed Name Title			T:	•					
1/9/91 Date	918-491-431	4	Title_						

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) Scparate Form C-104 must be filed for each pool in multiply completed wells.