Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III				
1000 Rio Brazos	Rd.	Aztec.	NM	87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS 10455 PFK Operator Well API No BUST KELT OIL & GAS, INC. 30-005- 1<del>04</del>55 Address P. O. BOX 1493, ROSWELL, NM 88202 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Dry Gas Oil (OXY TO TRIDENT ASSIGNMENT EFFECTIVE 8/30/91) Change in Operator Casinghead Gas XX Condensate If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease Name CATO SAN ANDRES UNIT Well No. Pool Name, Including Formation CATO SAN ANDRES Kind of Lease Lease No. State, Federal or Fee Location 1980 Unit Letter \_\_ Feet From The SOUTH Line and 660 Feet From The WEST 11 Township 8 SOUTH Range 30 EAST , NMPM. CHAVES III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) or Condensate PRIDE PIPELINE CO. P. O. BOX 2436, ABILENE, TX 79604 Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent)
P. O. BOX 50250, MIDLAND, TX 79710 or Dry Gas TRIDENT NGL, INC. If well produces oil or liquids, give location of tanks. Sec. Two. Rge. Is gas actually connected? When? If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back | Same Res'v Diff Res'v Designate Type of Completion - (X) 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 Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) OIL WELL Date First New Oil Run To Tank Producing Method (Flow, pump, gas lift, etc.) Date of Test Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Water - Bbls. Gas- MCF **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbis. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved \_ Mark gentur 9 ORIGINAL SECTION BY JERRY SEXTON MARK A. PERVISOR DEGENHARI PETROLEUM ENGINEER Printed Name Title Title\_ OCTOBER 398-6166 1991 (505)Date

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.

Telephone No

- 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.

RECEIVED

OCT 25 1991

OGS HORBS OFFICE