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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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	7	OTRA	ANSF	PORTO	IL AND N	ATURAL G	AS					
Operator KELT OIL & GAS, INC.							Well	API No. 30-005-10483				
Address D O POV 1/02 PO	CUTI N	4 0000					<u></u>		10405			
P. O. BOX 1493, RO		M 8820	)2			h /D!	,		······································	· · · · · · · · · · · · · · · · · · ·		
Reason(s) for Filing (Check proper box)  Other (Please explain)  New Well  Change in Transporter of:												
Recompletion	Oil		Dry C	Gas 🗆	(OYV r	אים חדם חדת חד	ITL ACCTO	MMTPNITE TO		7.0/00/01		
Change in Operator  If change of operator give name	Casinghead	Gas X	Cond	ensate 🗌	(0/1 .	IO IKIDEN	11 ASSIG	NMENT E	FFECTIVE	E 8/30/91		
and address of previous operator					· · · · · · · · · · · · · · · · · · ·							
II. DESCRIPTION OF WELL												
<del></del>				Name, Inclu CATO SA	ding Formation ANDRES	3		of Lease Lease No Federador Fee		Lease No.		
Location Unit LetterG	_ :198	0	Feet F	rom The	NORTH Li	ne and198	80 F	eet From The	EAST	Line		
Section 10 Township 8 SOUTH Range 30 E					AST , NMPM,			CHAVES County				
III. DESIGNATION OF TRAN	SPORTER	OF OI	L AN	ND NATI	JRAL GAS							
Name of Authorized Transporter of Oil	X	or Conden	sate		Address (Gi	ve address to wi				eni)		
PRIDE PIPELINE CO.  Name of Authorized Transporter of Casinghead Gas X or Dry Gas					P. O. BOX 2436, ABILENE, TX 79604							
TRIDENT NGL, INC.					Address (Give address to which approved copy of this form is to be sent) P. O. BOX 50250, MIDLAND, TX 79710					ens) )		
If well produces oil or liquids, give location of tanks.	i i	j	Twp.	1	. Is gas actual	ly connected?	When	···				
If this production is commingled with that IV. COMPLETION DATA	from any other	lease or p	xxxx, gi	ve comming	ling order num	ber:						
Designate Type of Completion	- (X)	Oil Well Gas Well			New Well Total Depth	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compl.	Compl. Ready to Prod.					•	P.B.T.D.	-t	<del></del>		
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation					Top Oil/Gas	Pay		Tubing Depth				
Perforations						*** ·	·	Depth Casing Shoe				
	TU	BING, (	CASI	NG AND	CEMENTI	NG RECOR	D	1		<del></del>		
HOLE SIZE	CASIN	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
					-				·			
/ TECT DATA AND DECLIES	T FOD A											
/. TEST DATA AND REQUES OIL WELL (Test must be after re				ail and mount	he equal to on							
Date First New Oil Run To Tank	Date of Test	10.12.0)	1000	one must		thod (Flow, pur			or juil 24 how	·s.)		
ength of Test			<del>.</del>									
cingui or rest	Tubing Pressure			Casing Pressure			Choke Size					
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF				
GAS WELL					l	<del></del>						
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate				
esting Method (pitos, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
I. OPERATOR CERTIFICATE OF COMPLIANCE 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.					OIL CONSERVATION DIVISION							
to the sud complete to the best of my ki	owledge and b	elief.			Date	Approved		*** **********************************	→ WAR			
Mark O. Stegenhart					ORIGINAL SIGNED BY JERRY SEXTON							
MARK A. DEGENHART PETROLEUM ENGINEER Printed Name Title					Title							
OCTOBER 16, 1991 Date	(505)	398- Teleph			"""				<del> </del>	***************************************		

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.

RECEIVED

OCT 25 1991

(BAR) HOBBS OFFICE