ENERGY AND MINERALS DEPARTME	ENŢ					Form C-104	
DISTRIBUTION SANTA FE	0	OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501				Form C-104 Revised 10-01-78 Format 06-01-83 Page 1	
File U.8.0.8.							
LAND OFFICE							
OPERATOR PROBATION OFFICE		REQUES	T FOR ALLOWA	BLE .		·	
I	AUTHOR	ZATION TO TH	RANSPORT OIL	AND NATURAL	GAS		
KELT OIL & GAS, I	NC.			· ·			
Address P.O. Box 1493, Rosw	vell, New M	exico 8820	1				
Reason(s) for filing (Check proper box				ther (Please expl	aia)		
New Well Recompletion		Transporter of:					
Change in Ownership		ghead Gas	Dry Gas Condensate	Febru	ary 2, 1988		
change of ownership give name							
ad address of previous owner	Apollo I	Energy, Inc.	P.O. Box 80	97, Roswell	, New Mexic	0 88201	
. DESCRIPTION OF WELL ANI							
,esse Name	Well No. 1	Pool Name, Includ	ing Formation	Kind	of Lease		
Abko Federal	, 2	Cato	San Andres		, Federal or Fee	Fed. NM40370	
-ocation	_		2				
Unit Letter G; 198	30Feet From	The North	_Line and 198	0	t From The	Foot	
					it rom ine	East	
Line of Section 10 Tow	mahia ·` O	, , , , , , , , , ,					
Line of Section 10 Tow	mahip 8	Range	•	, NMPM,	Chaves		
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L. DESIGNATION OF TRANSP	ORTER OF OI		30 <u>.</u>	, ММРМ,	Chaves	County	
L. DESIGNATION OF TRANSP Name of Authorized Transporter of Oil Pride Pipeline Corpor	CORTER OF OI	LAND NATU	30 RAL GAS Address (Giv P.O. Box	, NMPM, e address to whic < 3237, A bil	Chaves	County ( this form is to be sent) 79604	
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Separate Forms C-104 must be filed for each pool in multiply completed wells.

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## IV. COMPLETION DATA

IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Beck	Same Res'v.	Diff. Res'v.
Designate Type of Completio	on - (X)			1	1			1	
Date Spudded	Date Compl. Ready to Prod. Total Depth		P.B.T.D.						
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing For	nation	Top Oil/Gas Pay		Tubing Depth			
Perforations	<u>]</u>			<u> </u>			Depth Casi	ng Shoe	
· · · · · · · · · · · · · · · · · · ·		TUBING,	CASING, AN	D CEMENT	NG RECOR	D			
HOLE SIZE				DEPTH SET		SACKS CEMENT			
								·	
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· · · · · · · · · · · · · · · · · · ·	<u> </u>					······	· · · · · · · · · · · · · · · · · · ·		

## V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to ar exceed top allow-OIL WELL able for this depth or be for full 24 hours)

OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)		
Longth of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas - MCF	

## S WEIT

GAS WELL Actual Prod. Tost. MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure ( shut-is )	Casing Pressure (Shut-1.8)	Choke Size	