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, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

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

Santa Fe, New Mexico 87504-2088

<u>I.</u>	TOTF	RANSPORT	DIL AND NATURAL GA	LATION		
KELT OIL & GAS, INC.				Well API No.	Well API No. 30-005-10500	
Address P. O. BOX 1493, ROS	SWELL, NM 882	202				
Reason(s) for Filing (Check proper box)			Other (Please expla	in)		
New Well Change in Transporter of: Recompletion Dry Con						
Change in Operator	Oil Casinghead Gas	Dry Gas	OXY TO TRIDENT	r assignment effe	CTIVE 8/30/91	
If change of operator give name and address of previous operator			J			
II. DESCRIPTION OF WELL	AND LEASE					
CATO SAN ANDRES UNIT	Well No 58		uding Formation AN ANDRES	Kind of Lease State, Federal or Fee	Lease No.	
Location Unit LetterO	:660	_ Feet From The .	SOUTH Line and 1980	Feet From The	EAST Line	
Section 10 Townshi	ip 8 SOUTH	Range 30 E	AST , NMPM,	CHAVE		
III. DESIGNATION OF TRAN	SPORTER OF C	IL AND NAT	IIRAL GAS			
Traine of Audionzed Transporter of Oil	X or Conde	ensale	Address (Give address to which	ch approved copy of this form	is to be sent)	
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			
If well produces oil or liquids, give location of tanks.	Unit Sec.	1 1	e. Is gas actually connected?	When?		
If this production is commingled with that if IV. COMPLETION DATA	from any other lease or	pool, give commin	gling order number:			
Designate Type of Completion	. ' '	i	New Well Workover	Deepen Plug Back Sam	e Res'v Diff Res'v	
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 Sho	*	
TUBING, CASING AND			CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT	
V. TEST DATA AND REQUES	T FOR ALLOW	ARLE				
OIL WELL (Test must be after rec			t be equal to or exceed top allowa	able for this depth or he for full	124 hours	
Date First New Oil Run To Tank Date of Test			Producing Method (Flow, pump, gas lift, etc.)			
Length of Test	Tubing Pressure		Casing Pressure	Choke Size		
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.	Gas- MCF	Gas- MCF	
GAS WELL	-					
Actual Prod. Test - MCF/D	Length of Test		Bbis. Condensate/MMCF	Gravity of Conden	sate	
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)	Choke Size		
I. OPERATOR CERTIFICA	TE OF COMP	LIANCE				
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above			OIL CONSERVATION DIVISION			
is true and complete to the best of my knowledge and belief.			Date Approved			
Signature			By ORIGINAL SIGNED BY JURRY SEXTON			
MARK A. DEGENHART PETROLEUM ENGINEER Printed Name			Dis	STRICT I SUPERVISOR		
OCTOBER 16, 1991 Date	(505) 398	-6166 hone No.	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) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

OCT 2 5 1991

GGB HOBBS OFFICE