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 Santa Fe. New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	ı				TEVIEW 012						
I.	REQ	UEST F	OR A	LLOWA	BLE AND	AUTHORI	ZATION				
Operator		10 IR	ANSP	ORTO	L AND NA	TURAL GA		. 51) .			
Kelt Oil & Gas, Inc	•						Well	API No.			
P. O. Box 1493, Ros	swell.	NM 8820	າ?								
Reason(s) for Filing (Check proper box)		1111 0020	-		X Ou	ner (Please expla	rin)				
Change in Transporter of: Former Well Name:											
Recompletion Change in Operator	Oil		Dry G			Queen #1	name.				
If change of operator give name and address of previous operator	Casinghe	ad Gas	Conde	nsate		queen #1	· · · · · · · · · · · · · · · · · · ·				
								·			
II. DESCRIPTION OF WELL Lease Name	AND LE		D1 N	t 7	ing Formation					_	
Cato San Andres Unit	•	17			Andres			of Lease Federal or Fee	I	Lease No.	
Location				co can	Midtes			T GOOD OF TO			
Unit LetterC	:660	0	_ Feet F	rom The	North Lin	e and1980) F	eet From TheW	est_	Line	
Section 10 Townsh	ip 8 Sc	outh	Range	30 Eas	st , N	МРМ,		Ch:	aves	County	
III. DESIGNATION OF TRAN	SPORTE	ER OF O	II. AN	D NATTI	DAI CAS						
Transporter of Oil	DIATO	Address (Giv	e address to whi	ich approved	copy of this form	is to he s	eart)				
Pride Pipeline Co.				<u> P. O. Box 2436. Ab</u>			lene. TX 79604				
Name of Authorized Transporter of Casinghead Gas OXY USA, Inc.		or Dry Gas		Gas	Address (Give address to which ap P. O. Box 50250,			proved copy of this form is to be sent)			
If well produces oil or liquids.	Unit	Sec.	Twp.	Rge.	Is gas actually		_ <u>-</u>	lland, TX	<u> 19710</u>		
give location of tanks.	i L	11	18Š	1 30E	1	Yes	When	?			
If this production is commingled with that	from any oth	ner lease or	pool, giv	e commingl	ing order numb	per:					
IV. COMPLETION DATA											
Designate Type of Completion	- (X)	Oil Well	(Gas Well	New Well	Workover	Deepen	Plug Back San	ne Res'v	Diff Res'v	
Date Spudded	Date Com	pl. Ready to	Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation											
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas P	Pay		Tubing Depth			
Perforations		1			B						
					Depth Casing She	Эe					
HOLE OIZE	T	UBING,	CASIN	IG AND	CEMENTIN	IG RECORD)	1			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
		7									
V TECT DATA AND DECLES											
V. TEST DATA AND REQUES OIL WELL (Test must be after re	T FOR A	LLOWA	BLE						····		
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Tes	iai volume o	f load of	il and must b	pe equal to or e	exceed top allow	able for this	depth or be for ful	1 24 how	·s.)	
<u> </u>		-		-	1 LOCITICITIE LATER	hod (Flow, pum	p, gas lift, el	c.)			
Length of Test	Tubing Pressure				Casing Pressure	e		Choke Size			
ctual Prod. During Test Oil - Rhie					Water - Bbis.						
Total Julia 1001	Oil - Bbls.							Gas- MCF			
GAS WELL											
Actual Prod. Test - MCF/D	Length of T	est		n	Bbis. Condensa	1. A O /CE		·			
						ITE/MIMCF		Gravity of Condensate			
sting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
II Oppo A Total				1							
7I. OPERATOR CERTIFICA	TE OF	COMPL	LIAN(CE	_						
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 MAR 0 8 1990						
Mark a Quille					Date A	Approved		······································	IUUU		
THEORY U. STEGENANT											
Mark A. Degenhart Petroleum Engineer					ByOrig. Signed by						
Printed Name Title					Paul Kautz						
2-12-90 Date	(50	05) 398		6	Title		Ge	DIORISC			
		ı eleph	one No.	11							

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.