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

I.	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
Operator KELT OIL & GAS, INC.		Well API No. 30-005-10525					
Address P. O. BOX 1493, ROSW	ELL, NM 88202						
Reason(s) for Filing (Check proper box) New Well Recompletion	Change in Transporter of:	Other (Please explain)					

KELT OIL & GAS, INC	D						1.01	30-005-	10525	
Address P. O. BOX 1493, RO	SWELL.	NM 882	02						——————————————————————————————————————	
Reason(s) for Filing (Check proper box, New Well Recompletion Change in Operator	Oil	Change i	n Transpo	ıs 🗆		her (Please exp		NMENT E	FFECTIVE	E 8/30/9]
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WELL	L AND LI	EASE								
CATO SAN ANDRES UNI	T	Well No.	Pool Na	ame, Includ	ing Formation N ANDRES			of Lease (Federa) or Fe		Lease No.
Location		_1	<u></u>			· · · · · · · · · · · · · · · · · · ·	- Joan	<u> </u>		
Unit LetterD	:3	30	_ Feet Fr	om The	NORTH Lin	e and33	60 F	et From The	WEST	Line
Section 13 Towns	hip 8 SC	UTH	Range	30 EA	ST , N	МРМ,		CHA	AVES	County
III. DESIGNATION OF TRA	NSPORT	ER OF O	IL ANI	O NATI	IRAL GAS					
Name of Authorized Transporter of Oil PRIDE PIPELINE CO.	X	or Conder	sate		Address (Giv	ve address to w				eni)
Name of Authorized Transporter of Casi	nghead Gas	X	or Dry (Gas 🗍	P. O. Address (Giv	BOX 243	66, ABII	LENE, T	79604	ant)
TRIDENT NGL, INC. If well produces oil or liquids,	Unit	Sec.	I		P. 0.	BOX 502	50, MI	DLAND, I	TX 79710	
give location of tanks.	_i	İ	Тwp.	Rge.			When	?		
If this production is commingled with that IV. COMPLETION DATA	from any ot	her lease or	pool, give	comming	ling order numb	ber:				
Designate Type of Completion	(V)	Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded		pl. Ready to	Prod.		Total Depth	L	<u> </u>		<u>i </u>	
FI (DT DVD DT DD					Tom Deput			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations			1			Depth Casing Shoe				
	7	TUBING.	CASIN	G AND	CEMENTIN	IC PECOP				
HOLE SIZE	TUBING, CASING ANI SIZE CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
	 		· · · · · · · · · · · · · · · · · · ·	·						
. TEST DATA AND REQUE								<u> </u>		
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Te	tal volume o	f load oil	and must	be equal to or e	exceed top allo	wable for this	depth or be f	or full 24 hour	·s.)
	Date of Te.				Producing Met	thod (Flow, pw	mp, gas lift, et	c.)		
ength of Test	Tubing Pre	ssure			Casing Pressur	те		Choke Size		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.		Water - Bbls.			Gas- MCF			
GAS WELL	<u> </u>									
Actual Prod. Test - MCF/D	Length of	l'est			Bbis. Condens	ate/MMCF		Gravity of Co	ondensate	
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)							
(paor, occupy.)		aseric (Sitet-t	u <i>)</i>		Casing Pressur	e (Snut-in)		Choke Size		
I. OPERATOR CERTIFIC I hereby certify that the rules and regula Division have been complied with and i	ations of the that the information	Oil Conserva	tion	E	0	IL CON	SERVA	TION [DIVISIO	N
is true and complete to the best of my k	Trowledge an	a belief.			Date	Approved	i		i Alter	
Mark O. Degenhant				By ORIGINAL SEGMED BY JERRY SEXTON						
MARK A. DEGENHART				EER	Ву		STREET 1 SA			
Printed Name OCTOBER 16, 1991 Date	(50	5) 398-	Гіце - <u>6166</u> 1000е 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.