	ICO ARTMENT						Form C-10	l
						Revised 10-01-78		
BANTA PE	TAPE OIL CONSERVATION DIVISION					N	Format 06- Page 1	01-83
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TRANSPORTER OIL			REQUEST FO					
PROMATION OFFICE					ADLE	•		
PROMATION OFFICE	- AU	THORIZAT	FION TO TRANS	PORT OIL	AND NATU	IRAL GAS	;	
Operator								
KELT OIL & GA	S, INC.							
Address P.O. Box 1493, F	Roswell No	u Movie	00001			·		
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Recompletion		oil	□ □	ry Gas	Feb	ruary 2, 1988		
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January 29, 1988 (Date)

All sections of this form must be filled out completely for allow-able on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

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IV. COMPLETION DATA				T	Workover	Deepen	Plug Back	Same Res'y.	Diff. Res'v.
Designate Type of Completion	on = (X)	Oil Well	Gas Well	New Well	NOILOVEI I	i i		1 1 1	1 1
Date Spudded				Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations	1						Depth Casi	ng Shoe	
		TUBING.	CASING, AN	DCEMENT	NG RECOR	D			
HOLESIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			

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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.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF	

GAS WELL

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Actual Prod. Test+MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-is)	Casing Pressure (Shut-im)	Choke Size
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