ropnate District Office
TRICT I
Box 1980, Hobbs, NM 88240

TRICTI

Energy, Minerals and Natural Resources Department

Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Drawer DD, Anesia, NM 88210

TRICT III

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

IRICT III) Rio Brazos Rd., Aztec, NM	87410						UTHORIZA					
TO TRANSPORT OIL AND NATURAL GAS)	Well API No.			
rator								Well Ar	1 NO.			
Kerr-McGee	Corpor	ation										
iress												
P.O. Box 1		Mid	land.	TX /	<u>9702 </u>	XX Other	(Please expiain	1				
son(s) for Filing (Check prop	ir box)		~ :	T	af:	ELLE OUR	Change in		norter			
v Well			Change in	Transport	ar 01:		Change In	relatio	porcer			
ompletion \Box		Oil	片	Dry Gas								
nge in Operator 🔲		Casinghead	i Gas 🔟	Condens	ite 📋							
ange of operator give name address of previous operator												
DESCRIPTION OF V	ND LEASE Well No. Pool Name, Including				ng Formation	g Formation Kind o			Lease No.			
se Name		112				San Andres)		State, F	State, Federal or Fee		0G-1062	
M Chaveroo SA Ur	11.6			Citavi	<u> </u>	Dan Andr	<u>cs</u>)					
Unit LetterO		:990		_ Feet From	m The _S	outh_Line	and 1980	Fee	t From The _	East	Line	
Section 2	Township	8S		Range	33E	, NM	ГРМ,	Chave	es		County	
DESIGNATION OF	'TRANS'	PORTE	R OF O	IL AND	NATU	RAL GAS	•					
ne of Authorized Transporter		TV)	or Conde			Address (Give	address to which	ch approved	copy of this fo	rm is to be se	nt)	
obil Pipeline (ation				P.O. Box 900, Dallas,			TX 75221				
ne of Authorized Transporter				ias 🔲	Address (Give address to which approved				rm is to be se	nt)		
rident NGL, Inc	23 0.2			~- <u></u>				and, TX				
well produces oil or liquids, e location of tanks.		Unit Sec.		Twp. Rg		Is gas actually connected?		When	When ?			
		E	2	85	33E	yes		1	1/67			
is production is commingled COMPLETION DA		om any oth	er lease or	pool, give	comming	ling order numb	er:					
·		<u>~~</u>	Oil Wel	ı G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Con			1			Total Depth			DDTD	l. <u></u>	<u> </u>	
e Spudded		Date Comp	pl. Ready I	o Prod.		1021 Depui			P.B.T.D.			
OF DED OF CD		None of Bodysina Ecomotica				Top Oil/Gas Pay			Tubing Depth			
evations (DF, RKB, RT, GR, etc.)		Name of Producing Formation				1	•					
forations									Depth Casin	g Shoe		
												
			TIRING	CASIN	IG AND	CEMENTI	NG RECORI)				
HOLE SIZE		CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT		
HOLE SIZE		OASING & FURING SIZE										
						1						
TEST DATA AND R	EQUES	T FOR A	ALLOW	ABLE								
L WELL (Test must	i be after re	covery of t	otal volum	e of load o	il and mus	t be equal to or	exceed top allo	wable for thi	s depth or be	for full 24 hou	ors.)	
te First New Oil Run To Tan	k	Date of Te	est			Producing M	ethod (Flow, pu	mp, gas lift, e	etc.)			
									T 1 C'-			
ngth of Test		Tubing Pressure				Casing Pressure			Choke Size			
						The state of the s			Gas- MCF			
tual Prod. During Test		Oil - Bbls.				Water - Bbls.			Uas- MCF			
AC WEI I						1						
AS WELL must Prod. Test - MCF/D		Length of Test				Bbis. Conde	Bbls. Condensate/MMCF			Gravity of Condensate		
MAI LIOU TEST - MICLIN		Lugui or 100										
sting Method (pitot, back pr.)		Tubing Pr	ressure (Sh	ut-in)		Casing Press	aure (Shut-in)		Choke Size			
4												
I. OPERATOR CE	RTIFIC	ATE O	F COM	PLIAN	ICE		011 000	1055	A TION!	רוי יי		
I hereby certify that the rule							OIL CON	ISERV	AHON	ואואוט	אוכ	
Division have been complied is true and complete to the b	d with and t	that the info	ormation g	iven above	:	D-4	o Annrovo	d	:		į	

Signature

Ludy Benton Analyst II

 Printed Name
 Title

 October 1, 1991
 915/688-7039

 Date
 Telephone No.

Date Approved _____

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.