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

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

Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.		TO TR	ANSP	ORT O	IL AND NA	ATURAL C	SAS				
Operator KELT OIL & GAS, IN					API No. 30-005-10581						
Address P. O. BOX 1493, R	OSWELL, 1	VM 882	02								
Reason(s) for Filing (Check proper box	;)				Ot	her (Please exp	olain)				
New Well		Change in	Transpo	orter of:		\					
Recompletion	Oil		Dry G	as 🗆	/ / VV 1	O MOTOD					
Change in Operator	Casinghea	d Gas 🏋	Conde	nsate 🔲	(OXY)	O TRIDE	VI ASSIC	SNMENT E	FFECTIVI	3 8/30/9	
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL Lease Name	L AND LE		TD137								
CATO SAN ANDRES UNI	ſΤ	Well No. 78	Pool N	ATO SA	ling Formation N ANDRES	}	,	of Lease , Federal or Fe		Lease No.	
Unit LetterD	. 6	60	F . F	I	NORTH	ne and6	60		UECT		
1.6	ship 8 SOU	TOT T				ie and	F	eet From The		Line	
1041				30 EA		мрм,		СНА	AVES	County	
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil	NSPORTE	or Conden	IL AN	D NATU	RAL GAS	e address to w	high garage		<u> </u>		
PRIDE PIPELINE CO.					Address (Give address to which approved copy of this form is to be sent) P. O. BOX 2436, ABILENE, TX 79604						
Name of Authorized Transporter of Cas TRIDENT NGL, INC.	inghead Gas	ghead Gas X or Dry Gas			Address (Giv	re address to w	hich approved	d copy of this form is to be sent) DLAND, TX 79710			
If well produces oil or liquids, give location of tanks.	Unit	Unit Sec.		Rge.							
If this production is commingled with the IV. COMPLETION DATA	at from any other	er lease or	pool, giv	e comming	ling order num	ber:					
		Oil Well	0	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion Date Spudded		l. Ready to	Prod		Total Depth	<u> </u>	<u> </u>	<u> </u>		J. Res V	
Flower OF DEED DE CO		Date Compl. Ready to Prod. Name of Producing Formation							P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	mation		Top Oil/Gas Pay			Tubing Depth					
Perforations					<u> </u>			Depth Casing Shoe			
	T	TUBING, CASING AND C				CEMENTING RECORD					
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
V. TEST DATA AND REQUE OIL WELL (Test must be after								<u> </u>	1		
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test	il volume o	f load oi	l and must		exceed top allo thod (Flow, pw			or full 24 how	·s.)	
ength of Test Tubing Pressure											
	Tubing Pressure				Casing Pressure			Choke Size			
ctual Prod. During Test Oil - Bbls.					Water - Bbls.		-	Gas- MCF			
GAS WELL								<u> </u>		-1	
Actual Prod. Test - MCF/D	Prod. Test - MCF/D Length of Test					ate/MMCF		Gravity of Condensate			
sting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
I. OPERATOR CERTIFIC	ATE OF	COMPI	IANC	CE							
I hereby certify that the rules and regul Division have been complied with and	ations of the Othat the inform	il Conserva	tion			IL CON	SERVA	ATION E	DIVISIO	N	
is true and complete to the best of my	knowledge and	belief.			Date	Approved	ſ				
Mark O. Deger	want				Rν	PICALA	QL∕ n n∋mek e	W Jenny /	'EVTA!		
MARK A. DEGENHART PETROLEUM ENGINEER					By ORIGINAL SACINED BY JERRY SEXTON DESTRICT: SUPERVISOR						
Printed Name OCTOBER 16, 1991	(505) 398-			Title_				*4.		
Date		Teleph	one No.								

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 25 1391

O®S HOBSS CRNCE