ENERGY AND MINERALS DEPARTI	•	CONSERV	ATION	DIVISION		Form C-104 Revised 10-01-78 Format 06-01-83 Pece 1		
DISTAIREDTION OIL CONSERVATION DIVISION SANTA FE P. Q. BOX 2088				Page 1				
V.8.0.8.	S	ANTA FE, NE	W MEXIC	O 87501				
LAND OFFICE								
TRANSPORTER OIL GAS		REQUEST FO		RI F				
OPERATOR								
PROBATION OFFICE	AUTHORIZA	ATION TO TRANS	PORT OIL	AND NATURA	L GAS			
Cperdior								
KELT OIL & GA	S. INC.							
Address								
P.O. Box 1493, Ros	swell, New Mex	ico 88201						
Reason(s) for filing (Check proper	box)		10	Other (Please exp	olain)			
New Well	Change in Tr	· · · · · ·						
Recompletion			ry Gas	Febru	ary 2, 1988			
X Change in Ownership	Casinghe		ondensate		·····			
f change of ownership give nam		Den Ten D	Dat 00	07 Deevel		- 00001		
and address of previous owner _	Ароно вне	ergy, Inc., P.C	<u>, bux ou</u>	91, ROSWEL	I, NEW MEXICO	0 88201		
II. DESCRIPTION OF WELL /	AND LEASE							
Lease Name	Well No. Poo	ol Name, Including F	ormation	Kir	d of Lease	Lease		
UT Crosby '17'	. 3	Cato San	Andres	Sta	te, Federal or Fee	Fee		
Location				-				
Unit Letter A	60 Feet From T	he North Lir	e and	660F	eet From The	East		
				-				
Line of Section 1.7	00		205		<b>C</b> In			
	Township 85	Range	30E	, NMPM,	Chaves	Co		
				, NMPM,	Chaves	Co		
III. DESIGNATION OF TRAN	NSPORTER OF OIL	AND NATURAL	C GAS			Co of this form is to be sent)		
III. DESIGNATION OF TRAN	NSPORTER OF OIL	AND NATURAL	GAS Address (G	ive address to wi	sich approved copy o	of this form is to be sent)		
III. DESIGNATION OF TRAN Name of Authorized Tradsporter of Mabil Pipeline Co.	NSPORTER OF OIL OII X or Conde	AND NATURAI	Address (Co	ive address to wil 30x 900, De	tich approved copy o illas, Texas 7	of this form is to be sent)		
III. DESIGNATION OF TRAN Name of Authorized Traisporter of Mabil Pipeline Co. Name of Authorized Transporter of	NSPORTER OF OIL OII (X) or Conde - Proration Casinghead Gas (X)	AND NATURAI	Address (Co Address (Co P.O.H Address (Co	ive address to wi 30x 900, De ive address to wi	sich approved copy o illas, Texas 7 sich approved copy o	of this form is to be sent) 75221 of this form is to be sent)		
III. DESIGNATION OF TRAN Name of Authorized Tradsporter of Mobil Pipeline Co. Name of Authorized Transporter of Oxy Cities Service	NSPORTER OF OIL OII (X) or Conde - Proration Casinghead Gas (X)	AND NATURAI	<b>GAS</b> Address (G P. <del>O.</del> H Address (G P.O. Bo	ive address to wi 30x 900, De ive address to wi	tich approved copy of the second	of this form is to be sent) 75221 of this form is to be sent)		
III. DESIGNATION OF TRAN Name of Authorized Traisporter of Mabil Pipeline Co. Name of Authorized Transporter of	NSPORTER OF OIL OII X or Conde Proration Cosingheed Gas X NGL, Inc.	AND NATURAL	Address (G P-O: H Address (G P.O. Bo Is gas actua	ive address to wh Sox 900, De ive address to wh ox 300, Tul:	tich approved copy of the second	of this form is to be sent) 75221 of this form is to be sent)		
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(Date)

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**

Designate Type of Comple	tion - (X)	Oil Well	Gas Well   	New Well	¦Workover ≀ 1	Deepen I	' Plug Back I I	'Same Res'v. i	Diff. Restv.
Date Spudded	Date Compl	. Ready to F	Prod.	Total Dept	h	<del></del>	P.B.T.D.		<b>1</b>
Elevations (DF, RKB, RT, GR, etc.	j · Name of Pro	oducing For	ngtion	Top Oll/Go	ns Pay		Tubing Dep	oth	
Perforations			·	_l			Depth Casing Shoe		
		TUBING,	CASING, AN	D CEMENTI	NG RECOR	D			
HOLE SIZE	CASI	NG & TUBI	NG SIZE		DEPTH SE	T	SACKS CEMENT		NT
				.i			i		

## V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-OIL WELL able for this depth or be for full 24 hows)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pu	Producing Method (Flow, pump, gas lift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	Oll-Bbls.	Water-Bbls.	Gas • MCF		

## GAS WELL

	Gravity of Condensate	Bbis. Condensate/MMCF	Longth of Test	Actual Prod. Tett-MCF/D
Testing Method (pirot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size	Choke Size	Casing Pressure (Shut-in)	Tubing Pressure (Shut-in)	Testing Method (pitol, back pr.)