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, Anesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 F.O. Box 2088

Santa Fe, New Mexico 87504-2088

I	REQ					AUTHORI					
KELT OIL & GAS, INC.								30-005-10588			
	SWELL,	NM 882	02			····					
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Oil Casinghe	Change in	Dry G	as 🗆		ner (Please expl 'O TRIDEN'		NMENT EF	FECTIVI	E 8/30/91	
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LE	ASE									
Lease Name CATO SAN ANDRES UNIT Well No. Pool Name, Inch CATO S.				ame, Includ ATO SA	ling Formation N ANDRES			of Lease No. Federal or Fee			
Location Unit LetterG	:19	80	_ Feet Fr	om The	NORTH Lin	e and 19	80 F	eet From The	EAST	Line	
Section 14 Townshi	p 8 SO1	JTH		30 EA	om.	мрм,		CHA		County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		R OF O	IL AN	D NATU	RAL GAS						
PRIDE PIPELINE CO.					P. O. BOX 2436, ABILENE, TX 79604						
Name of Authorized Transporter of Casinghead Gas X or Dry Gas TRIDENT NGL, INC.					Address (Give address to which approved copy of this form is to be sent) P. O. BOX 50250, MIDLAND, TX 79710						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.		·	When				
f this production is commingled with that f IV. COMPLETION DATA	rom any oth	er lease or	pool, giv	e comming	ling order numb	per:			***		
Designate Type of Completion	· (X)	Oil Well	0	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	ol. Ready to	Prod.		Total Depth			P.B.T.D.		<u></u>	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay Tubing Depth						
Perforations					Depth Casing Shoe						
TUBING, CASING ANI					CEMENTIN	NG RECORI)				
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH SET		SACKS CEMENT			
											
Y. TEST DATA AND REQUEST				l and must	he equal to an		able for all in	d4116-	- 6 11 24 1 -		
Date First New Oil Run To Tank	t be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)										
ength of Test	Tubing Pressure				Casing Pressur	9		Choke Size			
Actual Prod. During Test	Oil - Bbis.				Water - Bbls.			Gas- MCF			
GAS WELL	· · · · · · · · · · · · · · · · · · ·							 	 		
	Length of T	est			Bbls. Condens	ate/MMCF		Gravity of Co	ndensate		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
I. OPERATOR CERTIFICA	TE OF	COMPI	JANO	CE							
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.					Date Approved						
Signature A. DEGENHART PETROLEUM ENGINEER					By ORIGINAL SKINED BY JERRY SEXTON DISTINCT I SUPERVISOR						
Printed Name OCTOBER 16, 1991 (505) 398-6166					Title_			UPERVISOR			
Date			none 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.