ENERGY AND MINERALS DEPARTME				Form C-104 Revised 10-01-78 Format 06-01-83
DISTRIBUTION SANTA FE				Page 1
File File		OX 2088		
U.8.0.A.	SANTA FE, NE	W MEXICO 87501		
LAND OFFICE				
TRANSPORTER BAS	REQUEST F	OR ALLOWABLE		
OPERATOR		AND	• ,	
PROPATION OFFICE	AUTHORIZATION TO TRAN	SPORT OIL AND NATU	JRAL GAS	
KELT OIL & GAS,	INC.			
Address P.O. Box 1493, Ros	swell, New Mexico 88201			
Reason(s) for filing (Check proper bo	)x)	Other (Pleas	e explainj	
New Well	Change in Transporter of:			
Recompletion	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		uary 2, 1988	
X Change in Ownership	Casinghead Gas	Condensaie		
I. DESCRIPTION OF WELL AN	Well No. Pool Name, Including	C		
UT Winkler Federal		San Andres	Kind of Lease State, Federal of Fee	Fed. NM01554
UT Winkler Federal	, 1 Cato	San Andres		_
UT Winkler Federal	, 1 Cato	San Andres	State, Federal at Fee	_
UT Winkler Federal	980 Feet From The North L	San Andres	State, Federal or Fee	Fed. NM01554 East
UT Winkler Federal Lorstion Unit Letter <u>H</u> ;1	, 1 Cato	San Andres	State, Federal or Fee	Fed. NM01554 East
UT Winkler Federal Location Unit Letter <u>H</u> ;] Line of Section 9 To	, 1 Cato S 1980 Feet From The North L ownship 8S Range	San Andres Ine and 660 30E , NMP	State, Federal or Fee	Fed. NM01554 East
UT Winkler Federal Location Unit Letter H : 1 Line of Section 9 To III. DESIGNATION OF TRANS	1 Cato S <u>1980</u> Feet From The <u>North</u> L <u>awmehip</u> 8S Range SPORTER OF OIL AND NATURA	San Andres Ine and 660 30E , NMPI	State, Federal or Fee Feet From The 4. Char	Fed. NM01554 East
UT Winkler Federal Location Unit Letter H ; Line of Section 9 Te HI, DESIGNATION OF TRANS Name of Minaporter of Of	1 Cato S 1980 Feet From The North L ownship 8S Range SPORTER OF OIL AND NATURA 11 X or Condensate	San Andres Ine and 660 30E , NMPI Addiese (Give address	State, Federal or Fee Feet From The Char to which approved copy	Fed. NM01554 East ves Court
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Christian Deleris - President

January 29, 1988

(Tile)

(Date)

well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111. All sections of this form must be filled out completely for allowable 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.

Form C-104 Revised 10-01-78 Format 06-01-83 Page 2

V. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Resty.
Designate Type of Completion	n = (X)	1 · ·	1		1	4. 4	4 - 1	i	· · · · · · · · · · · · · · · · · · ·
Date Spudded	Date Compl	, Ready to P	rod.	Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing Form	notion	Top Oil/Gas Pay			Tubing Depth		
Perforations	l						Depth Casi	ng Shoé	
		TUBING.	CASING, AN	DCEMENT	NG RECOR	D			
HOLE SIZE	CASI	ASING & TUBING SIZE		DEPTH SET		EACKS CEMENT			
	<u> </u>								
THE THE ATA AND PEOLIEST	<u> </u>							oual to or exc	eed top allow

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OIL WELL	able	for this depth or be for full 24 hours	
Date First New Oll Run To Tanks	Date of Test	Producing Method (Flow, pum	p, gas 11/1, etc./
Length of Teot	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas - MCF

GAS WELL Gravity of Condeneste						
Actual Prod. Test-MCF/D	Longth of Test	Bbis. Condensate/MMCF				
1		Casing Pressure (Shut-in)	Choke Size			
Testing Method (pitol, back pr.)	Tubing Pressure ( Shut-18 )					
1						

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