Submit 5 Copies
Appropriate District Office
DISTRICT 1
F.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

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. KELT OIL & GAS, INC. 30-005-20008 Address ROSWELL, NM 88202 P. O. BOX 1493, Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Dry Gas Recompletion (OXY TO TRIDENT ASSIGNMENT EFFECTIVE 8/30/91) Change in Operator Casinghead Gas XX Condensate If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease Name
CATO SAN ANDRES UNIT Pool Name, Including Formation CATO SAN ANDRES Well No. Kind of Lease State, Federal or Fee Lease No. 107 Location 1980 Feet From The SOUTH Line and 1980 Unit Letter Feet From The Township 8 SOUTH Range 30 EAST CHAVES , NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) X P. O. BOX 2436, PRIDE PIPELINE CO. ABILENE, TX 79604 Name of Authorized Transporter of Casinghead Gas or Dry Gas [ Address (Give address to which approved copy of this form is to be sent) TRIDENT NGL, INC. P. O. BOX 50250, MIDLAND, TX 79710 If well produces oil or liquids, give location of tanks. Unit Sec Twp. Rge. Is gas actually connected? When? If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well | Workover Diff Res'v 1 Deepen Plug Back Same Res'v Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Top Oil/Gas Pay Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD CASING & TUBING SIZE HOLE SIZE DEPTH SET SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Length of Test Choke Size Tubing Pressure Casing Pressure Actual Prod. During Test Gas- MCF Water - Bbls. Oil - Bbls. **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbls, Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved \_ Lans By WARGHUNE ANGRED BY JERRY SENTO: Signatur MARK A. DEGENHART PETROLEUM ENGINEER SUPERVISOR Printed Name Title Title\_ 39<u>8-6166</u> OCTOBER 1991

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.

Telephone No

- 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.