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

Santa Fe, New Mexico 87504-2088

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

I.	REQU	JEST FOR	ALLOW	ABLE AND N	ATUBAL	IZATIO	N			
TO TRANSPORT OIL AND NATURAL GAS							Vell API No.	II API No.		
KELT OIL & GAS, INC.							30-005-20013			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ROSWELL, N	VM 88202								
Reason(s) for Filing (Check proper bo)x)	11 00202			ther (Please exp	Jain)				
New Well		Change in Tra	nsporter of:		uici (Flease exp	iain)				
Recompletion Change in Operator	Oil		y Gas		TO TRIDEN	IT ACC	TONMENT	PPPPORTU	T 0/00/0	
If change of operator give name	Casinghead	d Gas XX Cor	ndensate		TO TRIBE!	11 855	TGMMENT	EFFECIIV	E 8/30/9	
and address of previous operator		······································								
II. DESCRIPTION OF WEL	L AND LEA									
Lease Name CATO SAN ANDRES UN	ANDRES UNIT Well No. 19 Pool Name, In CATO						ind of Lease ate (Federal) or	Fee	Lease No.	
Location Unit Letter A	, 660	0	t Essen The	NORTH Li	. 6	60		FACT		
Section 10 Town	ship 8 SOU			4.CM			Feet From Th		Line	
			ige 30 E		ІМРМ,		CI	HAVES	County	
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil	INSPORTER	R OF OIL A	ND NAT	URAL GAS						
PRIDE PIPELINE CO.				Address (Gi	ve address to wi				seni)	
Name of Authorized Transporter of Casinghead Gas Y as Dev Gas				P. O. BOX 2436, ABILENE, TX 79604 Address (Give address to which approved copy of this form is to be sent)						
TRIDENT NGL, INC. If well produces oil or liquids,				P. O. BOX 50250, MI			IDLAND,	DLAND, TX 79710		
give location of tanks.	Unit S	Sec. Twp.). Rg	e. Is gas actuall	ly connected?		nen ?			
If this production is commingled with the IV. COMPLETION DATA	at from any other	r lease or pool,	give commin	gling order num	ber:					
	·	Oil Well	Gas Well	New Well	1,,,,		,			
Designate Type of Completion	n - (X)	i i		I Wem Mell	Workover	Deeper	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl.	Ready to Prod.		Total Depth	<u> </u>	L	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Prox	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
Perforations										
							Depth Casi	ing Shoe		
	TU	BING, CAS	ING AND	CEMENTIN	NG RECORI					
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET				SACKS CEMENT		
		·		 						
V TEST DATA AND DEGLE	000 200									
OIL WELL Test must be after	ST FOR AL	LOWABLE	, .		,					
Date First New Oil Run To Tank	Date of Test	volume of load	ou and musi	Producing Met	exceed top allow	able for 11	his depth or be	for full 24 how	·s.)	
				1 roddeling fylci	uiou (riow, pum	φ, gas iyī,	eic.)			
Length of Test	re		Casing Pressure			Choke Size	Choke Size			
Actual Prod. During Test	Oil - Rhis			Water Dhie	W. D.					
	on Bois.			Water - Bols.			Gas- MCF			
GAS WELL				I				······································		
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of C	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choka Siza	Choke Size		
					(-11-4 12)		Cloke Size		• • •	
VI. OPERATOR CERTIFIC	ATE OF CO	OMPLIAN	1CE		11 00116	\= -·				
Division have been complied with and t	that the informati	ion given shows	;		IL CONS	SERV.	ATION [DIVISIO	N	
		en e l.		Date A	Approved	***	0618			
Town (). Steper	Sunt									
Signature MARK A. DEGENHART	PETR∩ī	FIIM PNCT	MEED	Ву	ORIGINAL	SIGNE)	CM Y TALL		
Printed Name Title				DISTRICT I SUPERVISOR						
OCTOBER 16, 1991	(505)	398-6166		litle_						
Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Festing Method (pitot, back pr.) VI. OPERATOR CERTIFIC I hereby certify that the rules and regula Division have been complied with and to is true and complete to the best of my k Signature MARK A. DEGENHART Printed Name OCTOBER 16, 1991	Date of Test Tubing Pressur Oil - Bbls. Length of Test Tubing Pressur ATE OF Coations of the Oil of that the information ownedge and be performed to the control of the Oil	re (Shut-in) OMPLIAN Conservation ion given above elief. EUM ENGII Title	NCE NEER	Producing Met Casing Pressure Water - Bbls. Bbls. Condensa Casing Pressure O Date A	ate/MMCF (Shut-in) Approved ORIGINAL DIS	SERV.	Choke Size Gas- MCF Gravity of C Choke Size	Condensate DIVISIO		

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.
- 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 1997

Hobbs office