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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., Aztec, NM 87410					iexico 8/3	-					
I.	REQ					AUTHOR					
Operator Operator		TO TRA	ANSP	ORT O	L AND NA	TURAL G		A DV AV			
Kelt Oil & Gas, Inc.							Well	API No.			
Address					<del></del>						
	well, N	NM 8820	)2								
Reason(s) for Filing (Check proper box)					_X O₁	her (Please exp	lain)			<del></del>	
New Well		Change in			For	mer Well	Name:				
Recompletion	Oil Control		Dry G			NM "H" S	State #4				
If change of operator give name	Casinghe	ad Gas	Conde	nsate	<del></del>						
and address of previous operator		<del></del>						- <u>-</u> -		<del></del>	
II. DESCRIPTION OF WELL	AND LE										
Lease Name Cato San Andres Unit				ing Formation			Kind of Lease Le				
Location	70	Ca	to San	Andres		State	State Federal or Fee				
Unit Letter D	. 660	)	F . F	~ ?	North	660	١.,	T			
	_ : <u></u>		. reel ri	rom the	TOT CIT_ LIT	e and	Fe	eet From The	lest	Line	
Section 16 Townshi	uth Range 30 East , NMP				МРМ,	Chaves County					
III DESIGNATION OF TO AN	CBADTE	D OF O									
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	or Conden		D NATU		ua address to	L7-L	Collins Collins			
Pride Pipeline Co.	<b>V</b> . CO <b>LO</b> L						copy of this form		nt)		
Name of Authorized Transporter of Casing	ghead Gas		or Dry	Gas 🗀	Address (Gi	e address to w	hich approved	ene, TX 79	3604		
OXY USA, Inc.				P. 0.	Box 502	50, Mid	lland, TX	79710	<i>/</i> 4)		
If well produces oil or liquids, give location of tanks.	Unit F	<b>Sec.</b> 16	Twp. Rge		Is gas actual	y connected?	When	When ?			
f this production is commingled with that			8S	30E		Yes	8,	/1/68		<del></del>	
IV. COMPLETION DATA	nom any on	iei lease or	pooi, giv	ve community	ing order num	ber:			<del></del>	<del></del>	
Designate True of Communication		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back Sar	me Res'v	Diff Res'v	
Designate Type of Completion  Date Spudded		<u></u>				<u> </u>	<u> </u>			Í	
Date Shreeted	Date Comp	ol. Ready to	Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Depth			
							Long Sepai				
Perforations								Depth Casing Si	noe		
		TIDING	CACD	IC AND	CIE) CE) III	VO DEGOD				· · · · · · · · · · · · · · · · · · ·	
HOLE SIZE	TUBING, CASING AN HOLE SIZE CASING & TUBING SIZE							240//2 051/51/7			
	<u> </u>	, Dirita C	712 <u>L</u>	DEPTH SET			SACKS CEMENT				
									<del></del>		
/. TEST DATA AND REQUES	T FOR A	LLOWA	RIE	<u>-</u>	<u> </u>						
OIL WELL (Test must be after re				oil and must	be equal to or	exceed top all	numble for this	denth or he for f	5.11 24 hour	·• 1	
Date First New Oil Run To Tank	Date of Tes	đ				thod (Flow, pu			mi 24 now.	3.)	
and of T											
Length of Test	Tubing Pressure				Casing Press.	ire		Choke Size			
Actual Prod. During Test				Water - Bbls.		<del></del>	Gas- MCF				
	Oil - Bbls.										
GAS WELL		-						<u> </u>			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Mahad Charles								,			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
/I OPED ATOP CEPTIEIC	ATE OF	COLO	TANT	CE					<del></del>		
I. OPERATOR CERTIFICATION OF THE PROPERTY OF T				CE		DIL CON	ISFRV <i>A</i>	יום אסודג	VISIO	N	
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 kr	nowledge and	d belief.			Date	Approved	4	MAR 08	Hill		
Manh O A	20-6	6. F				, ,pp1046(	<b>—</b>				
Signature	gen	ry_			Ву_		C	ris. Sign. 19 Paul II de	· 5		
Mark A. Degenhart	Pe	troleu	m Eng	gineer	_,			Georgia	<u></u>		
Printed Name 2-12-90		•	Title	_	Title	<u></u>		અદા, ું મૃ ——			
Date	<del></del>	05) 39	8-616	00							

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.