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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., Azzec, NM 87410	)			, INCW IV											
I.	REQ	UEST FO								ION					
Operator		TO TRA	MSP	JHT OII	LAND	NA	TUH	AL G	AS	Well	API No.				
Kelt Oil & Gas, Inc	•														
Address P. O. Box 1493, Ros	arrall l		2												
Reason(s) for Filing (Check proper box)	swell, I	VIII 002U		<del></del>	X	Oth	er (Ple	ase exp	lain)						
New Well		Change in						Well	•	ne:					
Recompletion	Oil	_	Dry Ga					''H'' S							
Change in Operator  If change of operator give name and address of previous operator	Casinghe	ad Gas	Conden	sate			-						<del>-</del>		
II. DESCRIPTION OF WELL	AND LE	ASF		<del></del>	<del></del>										
Lease Name			Pool Na	ame, Includ	ing Form	tion					of Lease	I	ease No.		
Cato San Andres Unit	<del>-</del>	71	Cat	o San	Andre	es_			<del></del>	State,	Federal or Fed				
Unit LetterC	:660	)	Feet Fr	om The	North	Line	e and	198	30	F.	et From The	West	Line		
Section 16 Townsh	nip 8 Sc			30 Eas			MPM,			P			. <del>_</del>		
							VIFIVI,				<del></del>	Chaves	County		
III. DESIGNATION OF TRAIN Name of Authorized Transporter of Oil	NSPORTE	or Conden		<u>D NATU</u>	RAL G	AS	a adds		hiah m				<del></del>		
Pride Pipeline Co.		Address (Give address to which approved of P. O. Box 2436, Abile								eni)					
Name of Authorized Transporter of Casin	aghead Gas		or Dry	Gas	Address	(Gin	e addri	ess to w	hich ap	proved	copy of this fo	orm is to be si	ent)		
OXY USA, Inc.  If well produces oil or liquids,	1 77-1			- <del></del>	Р.	<u>o.</u>	Box	502.	50,	Mid	land, T	X 79710	·		
give location of tanks.	Unit F	<b>Sec.  </b>   16	<b>Twp.</b> 8S	1 Rge. 1 30E	Is gas a		y <b>conn</b> Yes	ected?		When 8	? /1/68				
If this production is commingled with that IV. COMPLETION DATA	from any oth	er lease or p	ool, giv		ing order				l		1,00				
	<del></del>	Oil Well	l G	as Well	New \	Vell i	Worl	COVET	l De	epen	Plug Back	Sama Pas'u	Diff Barb		
Designate Type of Completion	- (X)				] ]	· · · · ·	''' (A.	KOVEI		ереп	Find Back	Same Kes v	Diff Res'v		
Date Spudded	Date Comp	ol. Ready to	Prod.		Total De	pth					P.B.T.D.				
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Gas P	Pay				Tubing Dept				
Perforations	<u> </u>														
											Depth Casing	g Shoe			
	T	UBING,	CASIN	G AND	CEME	1TIN	NG R	ECOR	D	<del></del>	<u> </u>				
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH SET					SACKS CEMENT				
	1														
					,										
V. TEST DATA AND REQUE	CT FOD A	LLOWA	DIE												
OIL WELL (Test must be after t				l and must	be equal :	o or i	exceed	ton alla	ماطصيد	for this	denth or he fo	e full 24 hour	)		
Date First New Oil Run To Tank	Date of Tes				Producin	g Met	thod (F	low, pu	ump, ga	s lift, et	c.)	n juli 24 now	3./		
Length of Test	Tubing Pres	Tubing Pressure					Casing Pressure					Choke Size			
ual Prod. During Test Oil - Bbls.															
Actual Prod. During Test			Water - Bbls.					Gas- MCF							
GAS WELL	<del></del>				<del></del>										
Actual Prod. Test - MCF/D							ate/MI	MCF		Gravity of Condensate					
esting Method (pitot, back pr.)  Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)					Choke Size					
		Casing Pleasure (Silut-in)						Choke Size							
I. OPERATOR CERTIFIC	ATE OF	COMPL	IAN	CE									<del></del>		
I hereby certify that the rules and regul	ations of the	Dil Conserva	tion			O	IL (	CON	SE	RVA	TION E	DIVISIO	Ν		
Division have been complied with and is true and complete to the best of my i	unat the information of the info	mation given d belief.	above		_		_				MAP	0811	1(-)		
mil a	D	. /	,		Da	ate.	App	roved	d			20 43 1 7	* 1 -		
JIM U	X) OGU	nay	_		p.	,				<b>C</b>	<b>र्</b> षक ः				
Signature Mark A. Degenhart	Pe	troleum	n Eno	ineer	(a	′—					rig Sign Paul Kan	<u>. 1772</u> 73			
Printed Name 2-12-90		7	l'itle		Tit	le_					Geologia				
Date	(5	05) 398 Teleph	3-616 10ne No.	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.