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, Antesia, NM 88210 OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

I.	REC				BLE AND			ION					
Operator KELT OIL & GAS. INC	Operator KELT OIL & GAS, INC.									1 API No. 30-005-20020			
Address		NM 000				<del></del>	1		J0-00J-20	0020	<del></del>		
P. O. BOX 1493, RO Reason(s) for Filing (Check proper box)	SWELL,	NM 882	02		Ot	her (Please e	explain)				<u> </u>		
New Well		Change in				,							
Recompletion	Oil Casingha	ـــا Pad Gas 🔯	Dry Ga		(OXY T	O TRIDI	ENT AS	SIGN	MENT EFI	FECTIVE	8/30/91)		
If change of operator give name and address of previous operator	Canigne	ad Oas M	A CONGE	isate []	<u> </u>				<del></del>				
II. DESCRIPTION OF WELL	AND LE	CASE											
CATO SAN ANDRES UNIT  Well No. Pool Name, Inch. 71 CATO S.									ind of Lease No.  The American Lease No.				
Location Unit LetterC	_ :6	60	_ Feet Fr	om The	NORTH Li	ne and]	1980	Fee	et From The	WEST	Line		
Section 16 Townsh	ip 8 SO			30 EA	C.TT	МРМ,			CHAV		County		
III. DESIGNATION OF TRAN	SPORTE	ER OF O	IL ANI	D NATU	RAL GAS								
Name of Authorized Transporter of Oil PRIDE PIPELINE CO.	X	or Conder			Address (Gi				copy of this for		nı)		
Name of Authorized Transporter of Casinghead 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,	Sec.	Twp.		P. O. BOX 50250, MI				DLAND, TX 79710					
give location of tanks.				Rge.	Is gas actually connected? Who				n ?				
If this production is commingled with that IV. COMPLETION DATA	from any ou	ner lease or	pool, give	comming	ing order num	ber:		-					
Designate Type of Completion	- (X)	Oil Well	G	as Well	New Well	Workover	Dee	pen	Plug Back  S	Same Res'v	Diff Res'v		
Date Spudded	_ ` ′	pl. Ready to	Prod.		Total Depth	<u> </u>	l		P.B.T.D.		1		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth				
Perforations									Depth Casing Shoe				
		TIDDIC	C + CD 1	(C. 4) TD.									
HOLE SIZE CASING & TUBING, SIZE					D CEMENTING RECORD DEPTH SET				SACKS CEMENT				
		· · · · · · · · · · · · · · · · · · ·											
V. TEST DATA AND REQUES	T FOR A	LLOWA	DIE										
OIL WELL (Test must be after re				and must	be equal to or	exceed top al	llowable fo	or this a	depih or be for	full 24 hours	r.)		
Date First New Oil Run To Tank	Date of Test				Producing Method (Flow, pump, gas lift, etc.)								
Length of Test	Tubing Pressure				Casing Pressure				Choke Size				
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.				Gas- MCF				
GAS WELL			<del></del> -	1						<del></del>			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF				Gravity of Condensate				
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size				
						· (e			aloke Size		:		
/I. OPERATOR CERTIFICA				CE			NSER	!\/Δ"	TION DI	IVISIO	NI		
I hereby certify that the rules and regula Division have been complied with and the	nat the inform	nation given	ation above			/IL 001	NOL!	1 V A	I ION DI	1 1 1 3 1 0 1	٧		
is true and complete to the best of my knowledge and belief.					Date Approved								
Mark O. Degenhant													
MARK A. DEGENHART PETROLEUM ENGINEER					By ORIGINAL AGNED BY JERRY CLATON  ENGRET SUPERVISOR								
Printed Name OCTORER 16 1001	(50	5) 308	Title		Title_	<del> </del>							

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.

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OCT 25 1981

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