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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico inergy, 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.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator				<u> </u>	- / 11 10 11/	CI OF IAL C	70					
KELT OIL & GAS, INC.						Well API No. 30-005-20028						
Address								30-003-2	20020	<del></del>		
P. O. BOX 1493, RO Reason(s) for Filing (Check proper box)		M 8820	)2			(D)	<del></del>				- <del>-</del>	
New Well	rter of:	Other (Please explain)										
Recompletion	Oil		Dry Ga	s $\square$	(OYV T	אים חדם די רי	(TO ACCT	ONIMENIO 151	DDDOME	VID 0 /0:	0 /01	
Change in Operator  If change of operator give name	Casinghea	d Gas X	Conden	sate	(OX1 1	O TRIDEN	1 A221	SNMENT E	FFECTI	VE 8/30	J/91	
and address of previous operator	·····	<del></del>										
II. DESCRIPTION OF WELL	AND LEA											
CATO SAN ANDRES UNIT  Well No. Pool Name, Inc. CATO S					ding Formation AN ANDRES			nd of Lease No.				
Location					II ANDRES	<u> </u>	Stati	e, Federal or Fe	الع	<del></del>		
Unit LetterM	_ :66	0	Feet Fro	om The	SOUTH Lin	e and66	ο,	Feet From The	WEST	•	1:	
Section 9 Townst	.:- 0 COII	ידיני			am.						_Line	
	ip 8 SOU			30 EA:		МРМ,		CH A	AVES	Cour	nty	
III. DESIGNATION OF TRAIN Name of Authorized Transporter of Oil	NSPORTE	R OF OI	IL ANI	NATU	RAL GAS							
PRIDE PIPELINE CO.		Address (Give address to which approved copy of this form is to be sent)										
Name of Authorized Transporter of Casinghead Gas X or Dry 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, Unit Sec. Two					P. O. BOX 50250, MIDLAND, TX 79710							
give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actuali	y connected?	Whe	n ?				
If this production is commingled with that	from any other	r lease or p	ool, give	comming	ing order num	ber:	L					
IV. COMPLETION DATA	<del></del>											
Designate Type of Completion	- (X)	Oil Well	Ga	as Well	New Well	Workover	Deepen	Plug Back	Same Res'	v Diff Re	es'v	
Date Spudded	Date Compl	Date Compl. Ready to Prod.			Total Depth	<u> </u>		P.B.T.D.	L			
Elevations (DF, RKB, RT, GR, etc.)	ducina Ess		······································	Top Oil/Gas Pay				·				
					Top Old Gas Fay			Tubing Depth				
Perforations					L	* **	Depth Casing Shoe					
	ייד	IDING (	CACDA	CANTO	OEL OEL OEL							
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
		·				·						
. TEST DATA AND REQUES OIL WELL (Test must be after r						· · · · · · · · · · · · · · · · · · ·		<u> </u>				
Date First New Oil Run To Tank	and must	st be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)										
		Todalong Medica (Piow, pump, gas tyl, etc.)										
ength of Test	Tubing Pressure				Casing Pressur	e	Choke Size	Choke Size				
Actual Prod. During Test	od. During Test Oil - Bbls.				Water - Bbls.	r - Bbls.			Gas- MCF			
								J				
GAS WELL	Length of Te							····				
Actual Prod. Test - MCF/D		Bbls. Condens	ate/MMCF	Gravity of Condensate								
esting Method (pitot, back pr.)	Tubing Press	ubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
I. OPERATOR CERTIFICA	ATE OF C	COMPL	IANC	E		II CONI	SEDV	TION		~~.		
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 k	nowledge and i	belief.			Date	Annroved	(	OCT 3 (	) <b>1991</b>	<b>,</b>		
Mark O Somm hunt												
Signature MARK A. DEGENHART PETROLEUM ENGINEER					By DISTRICT I SUPERVISOR							
MARK A. DEGENHART PETROLEUM ENGINEER Printed Name Title							•	,				
OCTOBER 16, 1991	(505	) 398-	6166		Title_					<del></del>		
Date		Teleph	ana Nia	- 11								

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.

RECEIVED

OCT 25 1991

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HOSSE OFFICE