Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Linergy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Ariesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| | | 101117 | 71701 | | ニヘコソレ ロヘ | II ONAL G | AG | | | | |
|--|------------------------------|---|----------------|---------------------------------------|---|----------------|----------------|-----------------------|-----------------|-------------|--|
| Operator KELT OIL & GAS, INC. | Well API No. 30-005-20035 | | | | | | | | | | |
| Address | | | | | | | | | 20033 | | |
| P. O. BOX 1493, ROS Reason(s) for Filing (Check proper box) | WELL, N | M 8820 |)2 | · · · · · · · · · · · · · · · · · · · | | (0) | | | | | |
| New Well | Other (Please explain) | | | | | | | | | | |
| Recompletion | Oil | Change in | Dry C | Gas 🗆 | (OXV T | יח יוצד חדא | T ASSTO | NMENT FI | FFFCTTVF | 8/30/91) | |
| Change in Operator If change of operator give name | Casinghea | dGas 🔀 | Cond | ensate | (0/1 1 | O INIDEN | | MIDNI DI | | | |
| and address of previous operator | | | | ···· | | | | | | | |
| II. DESCRIPTION OF WELL Lease Name | NY V11 | Han Parasian Via | | | l of Lease No. | | | | | | |
| CATO SAN ANDRES UNIT | ' | Well No. 124 Pool Name, Includi CATO SAM | | | | | | | ee L | .ease No. | |
| Location | | ^ | | | | | | | * | | |
| Unit LetterM | :66 | 0 | . Feet I | From The | SOUTH Lin | e and6 | 60 F | eet From The | WEST | Line | |
| Section 16 Townshi | 8 SOU | TH | Range | 30 EA | ST , N | МРМ, | | CHA | AVES | County | |
| III. DESIGNATION OF TRAN | | | | ND NATU | | | | | | *** | |
| Name of Authorized Transporter of Oil PRIDE PIPELINE CO. Or Condensate | | | | | Address (Give address to which approved copy of this form is to be sent) P. O. BOX 2436, ABILENE, TX 79604 | | | | | | |
| Name of Authorized Transporter of Casinghead Gas X or Dry Gas TRIDENT NGL, INC. | | | | | Address (Give address to which approved copy of this form is to be sent) P. O. BOX 50250, MIDLAND, TX 79710 | | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. | | Rge. | | | When | | | | | |
| If this production is commingled with that t | rom any other | er lease or p | pool, g | ive comming | ling order num | ber: | | , | | | |
| IV. COMPLETION DATA Designate Type of Completion | - (X) | Oil Well | | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v | |
| Date Spudded | Date Comp | I. Ready to | Prod. | | Total Depth | L | l | P.B.T.D. | J | | |
| Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation | | | | | Top Oil/Gas Pay | | | Tubing Depth | | | |
| Perforations | | | | | | | | Depth Casing Shoe | | | |
| 1010144044 | | | | | | | | Depth Casin | ng Shoe | | |
| | CEMENTING RECORD | | | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | | | DEPTH SET | | | SACKS CEMENT | | | |
| | | | | | | | | | · | | |
| | | | | | | | _ | | | | |
| V. TEST DATA AND REQUES | T FOR A | LLOWA | BLE | | <u> </u> | | | 1 | | | |
| OIL WELL (Test must be after re | | | of load | oil and must | | | | | for full 24 how | ·s.) | |
| Date First New Oil Run To Tank | Date of Test | L | | | Producing Me | thod (Flow, pu | mp, gas iyi, e | IC.) | | i ! | |
| Length of Test | Tubing Pressure | | | | Casing Pressure | | | Choke Size | | | |
| Actual Prod. During Test | Oil - Bbis. | | | | Water - Bbls. | | | Gas- MCF | | | |
| GAS WELL | | | - | | <u> </u> | | | 1 | | | |
| Actual Prod. Test - MCF/D | Length of Test | | | | Bbls. Condensate/MMCF | | | Gravity of Condensate | | | |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | | | | Casing Pressure (Shut-in) | | | Choke Size | | | |
| VI OPERATOR CERTIFICA | TE OF | COMPI | TAN | JCF | | | | 1 | | | |
| VI. OPERATOR CERTIFICATE OF COMPLIANCE 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 knowledge and belief. | | | | | Date Approved | | | | | | |
| Mark a. Degenhant | | | | | By ORIGINAL SIGNED BY JEERY STATON DISTRICT I SUPERVISOR | | | | | | |
| MARK A. DEGENHART PETROLEUM ENGINEER Printed Name Tide | | | | | | | | | | | |
| OCTOBER 16, 1991 Date | (50. | 5) 398 | -616 hone N | | Title_ | | , | · · · · · | | | |

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.

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OCT 25 1991

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