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

State of New Mexico
_nergy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator KELT OIL & GAS, INC.							1	API No. 30–005– 2	20045		
Address								30-003-7	20045		
	SWELL, N	М 8820	2							 	
Reason(s) for Filing (Check proper box) New Well		Chance in	Tmace	netae of:	∐ Oth	er (Please expl	lain)				
Recompletion	Oil	Change in	Dry Ga								
Change in Operator		i Gas 🔯	•		(OXY T	O TRIDEN	T ASSIG	NMENT EF	FECTIVE	8/30/91)	
If change of operator give name and address of previous operator		- Cau (1)									
II. DESCRIPTION OF WELL	AND LEA	SE									
Lease Name CATO SAN ANDRES UNIT		Well No. Pool Name, Includ			ing Formation N ANDRES			Kind of Lease State, Federa Dor Fee		ease No.	
Location		128				· · · · · · · · · · · · · · · · · · ·	State	Centra Doi 1'e			
Unit LetterD	: 660	0	Feet Fr	om The _	ORTH Lin	e and66	<u>0</u> F	eet From The	WEST	Line	
Section 23 Townshi	p 8 SOU	TH	Range	30 EAS	ST , N	мрм,		СНА	VES	County	
III. DESIGNATION OF TRAN	SPORTE	S OE OI	T. AN	D NATII	DAL GAS					-	
Name of Authorized Transporter of Oil	II. DESIGNATION OF TRANSPORTER OF OIL AND NATURE OF Authorized Transporter of Oil X or Condensate					Address (Give address to which approved copy of this form is to be sent)					
PRIDE PIPELINE CO.	- IA1				1	BOX 243		ENE, TX 79604			
Name of Authorized Transporter of Casin TRIDENT NGL, INC.	ghead Gas	X	or Dry	Gas			hich approved	copy of this form is to be sent) DLAND, TX 79710			
If well produces oil or liquids,	Unit	Sec.	Twp. Rge.					When?			
give location of tanks.	<u>i i</u>	i		1			<u> </u>				
If this production is commingled with that IV. COMPLETION DATA	from any othe	r lease or p	xxx, giv	e commingl	ing order num	per:					
Designate Type of Completion	- (X)	Oil Well	(Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl	. Ready to	Prod.	. ,	Total Depth	L-,_,_,_,,_,	-I	P.B.T.D.			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formati					Top Oil/Gas Pay			Tubing Depth			
Perforations									Depth Casing Shoe		
	71	TRING	CASIN	JG AND	CEMENTI	NG RECOR	D				
HOLE SIZE	T	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
	-										
7 TECT DATE AND DECLIES	T FOR A	LLOWA	DIE								
V. TEST DATA AND REQUES OIL WELL (Test must be after r.				oil and must	be equal to or	exceed top allo	owable for thi	s depth or be t	or full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test		<i>y</i> 1000 0			thod (Flow, pu					
Length of Test	sure	 		Casing Pressure			Choke Size				
Actual Prod. During Test			 	Water - Bbls.			Gas- MCF				
	Oil - Bbls.										
GAS WELL	11 78				Dele Co	40.405		Tomasia	ander set		
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			
VI. OPERATOR CERTIFIC	ATE OF	COMPI	LIAN	CE			ICED\/	ATIONI	אוויופור		
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	mowledge and	l belief.			Date	Approve	d				
Mark a. Stegenhant					By ORIGINAL SAGNED BY JERRY SEXTON						
MARK A. DEGENHART PETROLEUM ENGINEER					DIE PALT SUPERVISOR						
Printed Name OCTOBER 16, 1991	(505)	5) 398			Title_						
Date		lelen	hone No	3.	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.