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Appropriate District Office
DISTRICT 1
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

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

Santa Fe, New Mexico 87504-2088

I.	REQ	UEST F	OR A	LLC POR	AWC	BLE AND L AND NA	AUTHO	RIZ GA	ATION S					
I. TO TRANSPORT OIL AND NATURAL GA  KELT OIL & GAS, INC.									Well API No. 30-005- 20046					
Address P. O. BOX 1493, ROS	י זיםנוי	MM 000					<del></del>			30-003-	20040			
Reason(s) for Filing (Check proper box)	SWELL,	NI 002	02			Oth	her (Please e	rnlaii	•1			<del></del> -		
New Well		Change in			of:		1101 (1 12232 2	хрши	1)					
Recompletion	Oil Caringha		Dry G			r YXO)	O TRID	ENT	ASSIG	NMENT E	FFECT:	IVE	8/30/01	
If change of operator give name and address of previous operator	Casingne	ad Gas 🗓	A Conde	nsate			·							
II. DESCRIPTION OF WELL	AND LE	ASE											· · · · · · · · · · · · · · · · · · ·	
Lease Name CATO SAN ANDRES UNIT Well No.   Pool Name, Inclu CATO SA						ing Formation N ANDRES			of Lease Lease No.			ase No.		
Location	. 198	30	- I		,	NODERI	1.0	200					<del></del>	
Unit LetterF	- ·		_ Feet F	rom T	The	NORTH Lin	e and	180	F	eet From The	WES	<u> </u>	Line	
Section 9 Townshi	102 <sup>8</sup> q	JTH_	Range	30	EAS	ST N	МРМ,			CH	AVES		County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		R OF O	IL AN	ID N	ATU	RAL GAS		·						
PRIDE PIPELINE CO.						Address (Give address to which approved copy of this form is to be sent)							1)	
Name of Authorized Transporter of Casinghead Gas X or Dry Gas TRIDENT NGL, INC.						P. O. BOX 2436, ABILENE, TX 79604  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.	Is gas actually			When		.A /9/	10		
If this production is commingled with that IV. COMPLETION DATA	from any oth	er lease or	pool, giv	ve con	nmingl	ing order numb	ber:							
Designate Type of Completion	- (X)	Oil Well	(	Gas W	eli/	New Well	Workover		Deepen	Plug Back	Same Re	s'v	Diff Res'v	
Date Spudded	Date Comp	l. Ready to	Prod.			Total Depth	<u> </u>		··	P.B.T.D.	1			
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation						Top Oil/Gas F	Pay	<del></del>	Tubing Depth					
Perforations								Depth Casing Shoe						
	T	UBING,	CASIN	VG A	ND (	CEMENTIN	NG RECO	RD		<u> </u>		<del></del>	·	
HOLE SIZE	CASING & TUBING SIZE						DEPTH SE		SACKS CEMENT					
										·				
											<del></del>			
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE											
OIL WELL (Test must be after re				il and	must b	be equal to or e	exceed top a	llowal	ble for this	depth or be f	or full 24	hours.)	<b>)</b>	
Date First New Oil Run To Tank	Date of Test					Producing Method (Flow, pump, gas lift, etc.)								
ength of Test	Tubing Pressure					Casing Pressur	re		Choke Size					
Actual Prod. During Test	Oil - Bbls.					Water - Bbis.				Gas- MCF				
GAS WELL		-												
Actual Prod. Test - MCF/D	est - MCF/D Length of Test						ate/MMCF		Gravity of Condensate					
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size					
I. OPERATOR CERTIFICA	TE OF	COMPI	IAN	CE							<del></del>			
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. DEGENHART PETROLEUM ENGINEER						By ORIGINAL SIGNED BY JERRY SEXTON								
Printed Name Title					-	•		UMT	MCT IS	UPERVISO	R			
OCTOBER 16, 1991 Date	(505	398- Teleph	-6166 100e No.		-	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.

RECEIVED

OCT 25 1991

OWS HORBS OFFICE