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, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator KELT OIL & GAS, INC	Well API No. 30-005-20049											
Address  D O POV 1/02 DOG	71.777 T 3.77			<del></del>	·				20049			
P. O. BOX 1493, ROS Reason(s) for Filing (Check proper box)	SWELL, N	M 8820	)2			hor /Diagon ann	Jaim)					
New Well	ter of:	Other (Please explain)										
Recompletion Change in Operator							(OXY TO TRIDENT ASSIGNMENT EFFECTIVE 8/30/91					
If change of operator give name and address of previous operator	Casinghead	Gas XX	Condens	sate					TTHOTTY			
II. DESCRIPTION OF WELL	ANDIFA	CE.	- I						<del></del> _			
Lease Name CATO SAN ANDRES UNIT	Well No. Pool Name, Inclu			me, Includ	ling Formation			of Lease		Lease No.		
Location	63 CATO SA				N ANDRES			State, Federal of Fee				
Unit LetterN	_ :660	<u> </u>	Feet From	m The	SOUTH Lin	e and	01	eet From The	WEST	Line		
Section 9 Townshi	p 8 SOUT	ГН	Range	30 EAS	ST , N	мрм,		СН	AVES	County		
III. DESIGNATION OF TRAN				NATU:	RAL GAS							
Name of Authorized Transporter of Oil X or Condensate PRIDE PIPELINE CO.					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 TRIDENT NGL, INC.				las	Address (Giv	e address to wh	nich approve	LENE, TX 79604  Copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp.			Rge.	Is gas actually		Whe	DLAND, TX 79710				
If this production is commingled with that IV. COMPLETION DATA	from any other	lease or p	ool, give	commingli	ing order numb	ber:						
Designate Type of Completion	- (X)	Oil Well	Ga	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compl.	Ready to I	Prod.		Total Depth	(	<u> </u>	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			
	201	DDIG 6	a . an .					<u> </u>				
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
									AONS CENT	=141		
<del></del>							***************************************					
C TROW DAWN AND DROVERS									-/			
V. TEST DATA AND REQUES OIL WELL (Test must be after re				and must b	se equal to on	ereed to all a	- N - 6- 41:		6 11 24 1			
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test	rotane of	toda ou i	ana musi e	Producing Met	thod (Flow, pun	mp, gas lift, e	s depih or be f eic.)	or full 24 how	3.)		
Length of Test	h of Test Tubing Pressure				Casing Pressur			Choke Size	Choke Size			
	1 10000				Casing ricesure			Choke Size				
ual Prod. During Test Oil - Bbls.					Water - Bbls.	, , , , , , , , , , , , , , , , , , , ,		Gas- MCF				
GAS WELL							**	<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				
I. OPERATOR CERTIFICA				E			<b></b>	<b>T</b>				
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 O. Denen	hart					FF. 5.00						
SIGNATURE A. DEGENHART PETROLEUM ENGINEER					By ORIGINAL SIGNED BY JERRY SEXTON							
Printed Name OCTOBER 16, 1991	Tiue (505) 398-6166				Title							
Date		Telepho							•			

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
- 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.