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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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I		<u> TRAN</u>	ISPO	RT OIL	AND NA	URAL GA	\ <u>S</u>	DING			
Operator KELT OIL & GAS, INC.						Well API No. 30-005-2005					
Address P. O. BOX 1493, ROSV	WELL N	M 88202									
Reason(s) for Filing (Check proper box)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Othe	r (Please expla	in)				
New Well		Change in Ti	ran encert	er of:		. (* ***** /	•				
Recompletion	Change in Transporter of: Oil Dry Gas (OXY TO TRIDENT ASSIGNMENT EFFECTIVE 8/30/9)									0 / 20 / 01 \	
Change in Operator		d Gas XX C	•	ite 🗍	(OXY TO) TRIDENT	r ASSIGN	IMENI EF	LECIIVE	6/30/91)	
If change of operator give name											
and address of previous operator II. DESCRIPTION OF WELL	ANDIEA	CE.	,								
Lease Name	ng Formation	Kind	Kind of Lease		ease No.						
CATO SAN ANDRES UNIT	N ANDRES UNIT 130 CATÓ SA					N ANDRES			State, Federa Dor Fee		
Location	66	Ο		M	שדע	1980	, _		EAST	Line	
Unit Letter B	$= \frac{660}{1000}$ Feet From The $\frac{N}{N}$				ORTH Line and 1980			eet Hom The			
Section 23 Township	8 SOU	TH R	Range	30 EAS	ST , N	ирм,		CH A	VES	County	
III. DESIGNATION OF TRAN	SPORTE	R OF OIL	AND	NATU	RAL GAS						
Name of Authorized Transporter of Oil	X	or Condensa			Address (Give	e address to wh				ent)	
PRIDE PIPELINE CO.		P. O. BOX 2436, ABILENE, TX 79604 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 TRIDENT NGL, INC.				25	Address (Given P. O.	e address to wh BOX 5025	50, MI	DLAND,	TX 79710	·nu)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Гwp.	Rge.	Is gas actually	y connected?	When	?			
If this production is commingled with that	from any oth	er lease or po	ool, give	commingl	ing order num	per:					
IV. COMPLETION DATA					1	1 377	Decree	Diva Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	Oil Well	Ga	is Well	New Well	Workover 	Deepen 	Flug Back	Same Res		
Date Spudded Date Compl. Ready to Prod.					Total Depth		<u> </u>	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe			
		···				10.5500		<u> </u>			
TUBING, CASING AND					CEMENTI		<u>D</u>	T	SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SAOKS CEMENT			
					 			 	_;		
	+				 			 			
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE		J						
OIL WELL (Test must be after r	ecovery of to	stal volume oj	f load oi	l and must	be equal to or	exceed top allo	owable for th	s depth or be	for full 24 hou	urs.)	
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Press	ire		Choke Size			
and the second s								C. MCF			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls			Gas- MCF			
GAS WELL	<u> </u>							-			
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 CERTIFIC	ATE OF	COMP	TANI	CF	1			<u> </u>		~	
				CL	(OIL CON					
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above											
is true and complete to the best of my	knowledge a	nd belief.			Date	e Approve					
_	, ,				Dale	2 Whhinse					
mark a. Dependent					D. OBJOSES BUSINESS BY JEEDY STATOM						
Signature					By ORIGINAL MONTO BY JERRY SEXTON DISTRICT I SUPERVISOR						
					Title						
Printed Name OCTOBER 16, 1991	(5	05) 398			Inte						

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.