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

State of New Mexico rinergy, 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., Azzec, NM 87410

Santa Fe, New Mexico 87504-2088

I.	REQUEST	FOR ALLOV	VABLE AND AUTHORIZ OIL AND NATURAL GA	ATION
Operator		INNOFORT	OIL AND NATURAL GA	Well API No.
KELT OIL & GAS, INC.				30-005-20078
Address P. O. BOX 1493, RO	SWELL, NM 88	202		
Reason(s) for Filing (Check proper box)		<del></del>	Other (Please explain	٦)
New Well		in Transporter of:	<u> </u>	
Recompletion	Oil  Casinghead Gas [	Dry Gas U	(OXY TO TRIDENT	ASSIGNMENT EFFECTIVE 8/30/91
If change of operator give name and address of previous operator		ATA CONCUMENT		
II. DESCRIPTION OF WELL	AND LEASE			
CATO SAN ANDRES UNI	Well N	o. Pool Name, Inc. CATO	cluding Formation SAN ANDRES	Kind of Lease Lease No. State, Federal or Fee
Location Unit LetterJ	. 1980	Feet From The	SOUTH Line and 1980	Feet From The EAST Line
Service 15 Town	· O COUTU			Line
Section 15 Townsh	nip 8 SOUTH	Range 30 ]	EAST , NMPM,	CHAVES County
III. DESIGNATION OF TRAN	NSPORTER OF	OIL AND NA	ΓURAL GAS	
Name of Authorized Transporter of Oil X or Condensate PRIDE PIPELINE CO.			•	h approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas X or Dry Gas TRIDENT NGL, INC.		P. O. BOX 2436,  Address (Give address to which P. O. BOY 50256	ABILENE, TX 79604  the approved copy of this form is to be sent)  O, MIDLAND, TX 79710	
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. R	ge. Is gas actually connected?	When?
If this production is commingled with that IV. COMPLETION DATA	from any other lease of	or pool, give comm	ingling order number:	
Designate Type of Completion	- (X) Oil We	ell Gas Well	New Well   Workover	Deepen Plug Back Same Res'v Diff Res'v
Date Spudded	Date Compl. Ready	to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay	Tubing Depth
Perforations				Depth Casing Shoe
	TUBINO	CASING AN	D CEMENTING RECORD	
HOLE SIZE		UBING SIZE	DEPTH SET	SACKS CEMENT
U mpom p i mi i i i i p provinc				
V. TEST DATA AND REQUES OIL WELL  Test must be after r.			· .	His Constant in the Constant i
Date First New Oil Run To Tank	Date of Test	e oj toda ou ana mi	Producing Method (Flow, pump	ble for this depth or be for full 24 hours.) gas lift, etc.)
Length of Test	Tubing Pressure		Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.	Gas- MCF
GAS WELL	<u> </u>	<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
VI. OPERATOR CERTIFICATION OF THE PROPERTY OF	ations of the Oil Conser that the information giv	rvation	OIL CONS	ERVATION DIVISION
is true and complete to the best of my k	nowledge and belief.		Date Approved	13911
Mark O. Degenhant			By ORIGINAL GOVED BY JERRY SEXTON	
MARK A. DEGENHART Printed Name	PETROLEUM	ENGINEER Tiue	£. ;.3 .	R. I SUMMINUM
OCTOBER 16, 1991		8-6166	I ITIE	

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.

OCT 25 95