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

Santa Fe, New Mexico 87504-2088

DISTRICT III

1000 Rio Brazos Rd., Aziec, NM 87410	REC	UEST F	OR A	LLOWA	ABLE AND	AUTHOR	IZATIOI	N			
I.		TO TR	ANSP	ORT O	IL AND NA	TURALG	AS	N			
Operator KELT OIL & GAS, INC.							We	all API No.			
Address								30-005-2	:0081		
P. O. BOX 1493, RO	SWELL,	NM 882	02								
Reason(s) for Filing (Check proper box) New Well			_		Oth	ner (Please exp	lain)				
Recompletion	Oil	Change in	Transpo								
Change in Operator		ad Gas 🗓			T YXO)	O TRIDEN	T ASSI	GNMENT EF	FECTIVE	8/30/91	
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	ANDIE	ASE									
Lease Name CATO SAN ANDRES UNIT	ding Formation AN ANDRES			Kind of Lease Lease No. State Federa por Fee							
Location			<u></u>								
Unit LetterO	_ :6	60	Feet Fr	om The _	SOUTH Lin	e and198	0	Feet From The	EAST	Line	
Section 14 Townsh	ip 8 SO	UTH		30 EA	om.	мрм,		СНА	VES	County	
III. DESIGNATION OF TRAN	SPORTE	ER OF O	IL AN	D NATI	IRAL GAS						
Name of Authorized Transporter of Oil or Condensate					Address (Give address to which approved copy of this form is to be sent)					eni)	
PRIDE PIPELINE CO. Name of Authorized Transporter of Casinghead Gas X or Dry Gas					P. O. BOX 2436, ABILENE, TX 79604						
TRIDENT NGL, INC.	great Cas	head Gas X or Dry Gas			P. O. BOX 50250,			ved 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			en?	A 73710		
f this production is commingled with that	fmm anu ail			<u> </u>	<u></u>				· · · · · · · · · · · · · · · · · · ·		
IV. COMPLETION DATA	nom any ou	ier lease or	pooi, giv	e comming	ling order numb	xer:					
Decignote Time of Completion	(3/)	Oil Well	0	ias Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion Date Spudded	· · · · · · · · · · · · · · · · · · ·	1 8-4-4-				7	i	<u> </u>			
on opacia	Date Com	pl. Ready to	Ptod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas P	'ay		Tubing Depth	Tubing Depth		
Perforations Perforations											
								Depth Casing	Shoe		
	Ţ	UBING,	CASIN	G AND	CEMENTIN	IG RECORI	D				
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT		
								 	<u> </u>		
			·····								
TEST DATA AND DECLIES	T FOD A										
V. TEST DATA AND REQUES OIL WELL (Test must be after re				l and must	he equal to on	wasad ton alla	abla fan sk		- 4 11 24 1		
Date First New Oil Run To Tank	Date of Tes	t to the contract of	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. 6782 77453	Producing Met	hod (Flow, pur	np, gas lifi,	etc.)	r jiul 24 nour	<u>s.)</u>	
ength of Test											
Tubing Pressure					Casing Pressur	e		Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL											
actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Co	Gravity of Condensate		
esting Method (pitot, back pr.)	od (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
				ľ	3	(,		GIORE BEE			
I. OPERATOR CERTIFICA				CE		" 001		A = 10 1 1 0			
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						IL CON	SERV	ATION D	IVISIO	N	
is true and complete to the best of my knowledge and belief.					Doto	A nn ra: . = =1		7 7 1991			
mark a A	1.7				Date	Approved		<u> </u>			
Signature					By ORIGINAL SEGNED BY JERRY STRTON						
MARK A. DEGENHART PETROLEUM ENGINEER					-,			UPERVISOR			
Printed Name OCTOBER 16, 1991	(50	1 -398 (5	ննե -6166		Title_						
D .				!	I						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.

Telephone No.

- 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.