| STATE OF NEW MEX | | | | | | Form C-104 Revised 10-01 | |
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| DISTRIBUTION | OIL CONSERVATION DIVISION | | | | DN . | Format 06-01 Page 1 | 6) |
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| TRANSPORTER GAS | 1 | REQUEST FO | R ALLOWABLE | | | | |
| OPERATOR PROBATION OFFICE | - | | ND | | | | |
| | AUTHOR | RIZATION TO TRANS | PORT OIL AND | NATU | RAL GAS | | |
| Operaler | | | · · | | | | ····· |
| KELT OIL & G. | AS, INC. | | | | · · · · · · · · · · · · · · · · · · · | | |
| P.O. Box 1493, | Roswell, New M | 1exico 88201 | | | | | |
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| Recompletion | | | · • | Febru | ary 2, 1988 | | |
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Signacu

(Tule) January 29, 1988

(Date)

President

Christian Deleris

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If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for silowable on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be flied for each pool in multiply completed wells.

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IV. COMPLETION DATA

| Designate Type of Completic | on = (X) | Oil Well | Gas Well I | New Well | Workover I | i Deepen I | ' Plug Back I I | ' Same Rez'v. ! ! | Diff. Hes'y. | |
|------------------------------------|-----------------------------|----------------------|---------------|--------------------------------|---------------|---------------|-----------------------|-------------------------|--------------|--|
| Date Spudded | Date Compl. Ready to Prod. | | | Total Depth Top Oil/Gas Pay | | | P.B.T.D. | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | Tubing Depth | | | | | | | |
| Perforations |] | - <u></u> | | - L | | | Depth Casis | ng Shoe | | |
| · | | TUBING, | CASING, AN | D CEMENTI | NG RECOR | D | | | | |
| HOLE SIZE CASI | | CASING & TUBING SIZE | | | DEPTH SET | | SACKS CEMENT | | | |
| | <u> </u> | <u></u> | | | | | | <u> </u> | | |
| | + | | | | | | | | | |
| | | ····· | | 1 | | | | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of solal volume of load oil and must be equal to or exceed top allowoil WELL able for this depth or be for full 24 hows)

| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | | |
|---------------------------------|-----------------|---|------------|--|
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size | |
| Actual Prod. During Test | Oil-Bbis. | Water - Bbis. | Gas + MCF | |
| | | | | |

GAS WELL

| Actual Prod. Test+MCF/D | Length of Test | Bbis. Condensate/MMCF | Gravity of Condensate |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-ia) | Cosing Pressure (Shut-im) | Choke Size |
| | | | |